11/08/00 15:47 FAX 002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 6 PM 5:56

DOCUMENT # F98000007039

1. Corporation Name

HERITAGE HEALTHCARE OF AMERICA, INC.

Principal Place of Business	Mailing Address
16133 VENTURA BOULEVARD SUITE 965 ENCINO CA 91436-2430	16133 VENTURA BOULEVARD SUITE 965 ENCINO CA 91436-2430

REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/28/1998

5. FEI Number: 95-1082120 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GOLDSTEIN, JEROLD V	16133 VENTURA BOULEVARD SUITE 965	ENCINO CA 91436
S	LIM, VIRGIL	16133 VENTURA BOULEVARD SUITE 965	ENCINO CA 91436
T	~~GOODMAN, STEVEN~~ Underwood, Clarke	16133 VENTURA BOULEVARD SUITE 965	ENCINO CA 91436
CD	~~BERTOLINI, ONOFRIO V~~ Goldstein, Jerold V.	16133 VENTURA BOULEVARD SUITE 965	ENCINO CA 91436
VCD	~~SALTZMAN, HERBERT~~ Underwood, Clarke	16133 VENTURA BOULEVARD SUITE 965	ENCINO CA 91436
MD	~~MEDILL, GARY~~ Lim, Virgil	16133 VENTURA BOULEVARD SUITE 965	ENCINO CA 91436

8. Name and Address of Current Registered Agent

TURNER, JAMES L ESQ.
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E4-6 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 11/2/00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AD

SIGNATURE: [signature] Virgil Lim 10/31/00 [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.
Account Number : 072720000266
Phone : (941)366-4800
Fax Number : (941)366-5109

CORPORATION REINSTATEMENT

HERITAGE HEALTHCARE OF AMERICA, INC.

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Estimated Charge	$245.00

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