

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 10 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F99000006135

1. Corporation Name

THE HEALTH CARE GROUP, INC.

REINSTATEMENT 01-03

2. Principal Office Address

4363 Paran Place

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Atlanta, Georgia

City & State

Zip

30327

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

58-2165271

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100010197011
01/17/03--01074--008 **900.00

7. Name and Address of Current Registered Agent

Name

Walter B. Wildstein

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

78 Windward Lane

Suite, Apt. #, Etc.

City

Rosemary Beach

State
FL

Zip Code

32461

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Walter B. Wildstein

REGISTERED AGENT MUST SIGN

Date 11/15/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	WALTER B. WILDSTEIN	4363 PARAN PLACE	ATLANTA, GEORGIA 30327
SEC.	ARLENE B. WILDSTEIN	4363 PARAN PLACE	ATLANTA, GEORGIA 30327

100010197011
02/07/03--01002--019 **185.00

10. 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.

SIGNATURE:

Walter B. Wildstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/02 (404) 261-2555
Date Daytime Phone #