

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 SEP 15 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** G38072

**1. Corporation Name**

M-K Health Care, Inc.

**2. Principal Office Address**

5100 Poplar Avenue

Suite, Apt. #, etc.

Suite 2216

City & State

Memphis, TN

Zip

38137

Country

U.S.

**3. Mailing Office Address**

5100 Poplar Avenue

Suite, Apt. #, etc.

Suite 2216

City & State

Memphis, TN

Zip

38137

Country

U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

May 11, 1983

**5. FEI Number**

62-1173334

Applied For

Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name

CT Corporation

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33724

**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

*Barbara A. Burke*

**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

Date

9/14/00

REGISTERED AGENT MUST SIGN

**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
P/D	Mark Hickman	5100 Poplar Ave/Suite 2216	Memphis, TN 38137
S/V/D	Robert Kennedy	5100 Poplar Ave/Suite 2216	Memphis, TN 38137
T/V/D	Murray Murphey	5100 Poplar Ave/Suite 2216	Memphis, TN 38137

**REINSTATEMENT** 96-001 TS

**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:**

*Murray C. Murphey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Murray C. Murphey Vice President

Date  
Sept 13, 2000

Daytime Phone #  
901-767-3487

CR2E081 (9/99)