

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # J05424

1. Corporation Name

FIRST COAST HEALTH, INC.

2. Principal Office Address

229 SPORTSMAN DRIVE

Suite, Apt. #, etc.

City & State

SATSUMA, FL

Zip

32189

Country

USA

3. Mailing Office Address

229 SPORTSMAN DRIVE

Suite, Apt. #, etc.

City & State

SATSUMA, FL

Zip

32189

Country

USA

REINSTATEMENT

02-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1986

5. FEI Number

59-2662020

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

DANIEL J. MCLEAN

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

229 SPORTSMAN DRIVE

Suite, Apt. #, Etc.

City

SATSUMA

State

FL

Zip Code

32189

600035703756
05/06/04--01028--031 **1098.75

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

Daniel J. McLean

REGISTERED AGENT MUST SIGN

Date 04/30/2004

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.	DANIEL J. MCLEAN	229 SPORTSMAN DRIVE	SATSUMA, FL 32189
SEC/TREAS.	CYNTHIA J. MCLEAN	229 SPORTSMAN DRIVE	SATSUMA, FL 32189

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:

Daniel J. McLean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/04

Daytime Phone #

386-467-1957

CR2E081 (01/04)