

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sanford B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J30070

1. Corporation Name

FLORIDA HEALTH CARE MANAGEMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

2540 S. TAMiami TR.
SARASOTA FL 34239

2540 S. TAMiami TR.
SARASOTA FL 34239

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

2. New Principal Office Address, If Applicable

1880 Arlington St

Suite, Apt. #, etc.

Ste 109

City & State

SARASOTA FL

Zip

34239

Country

USA

3. New Mailing Office Address, If Applicable

1880 Arlington St

Suite, Apt. #, etc.

Ste 109

City & State

SARASOTA FL

Zip

34239

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1986

5. FEI Number

59-2718519

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MYERS, GENE E.	2540 S. TAMiami TR.	SARASOTA FL
VPT	CRICK, WILLIAM F.	2540 S. TAMiami TR. 1880 Arlington St Ste 109	SARASOTA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKEON, MARY

2540 S. TAMiami TR. 1880 Arlington St Ste 109
SARASOTA FL 34239 SARASOTA, FL 34239

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Mary McKeeon

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/6/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/99

Daytime Phone #

941-917-0060

FILED

99 JAN 12 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR25040 (9/86)

(2)

FLORIDA HEALTHCARE MGMT SYSTEMS, INC.
1880 ARLINGTON ST. STE 109
SARASOTA, FL 34239
(941)-917-0060

January 6, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I spoke with Stacey in your office this morning and informed her that we had just this week received a notice informing us of the dissolution of our corporate status. The tenants at our former location apparently chose not to forward this on to us until now. I asked Stacey what we needed to do to rectify this problem and reinstate the corporation at this time.

Stacey reviewed your files and found that the Annual Report had been returned to your office due to an incorrect mailing address. In light of this information she instructed me to enclose a check for \$150 for the 1998 annual fee and suggested that I include an additional \$150 for 1999 since we would not be receiving a notice for 1999.

Enclosed please find our check #1545 dated January 6, 1999 in the amount of \$300 along with the reinstatement application. Thank you in advance for your cooperation in this matter.

Cordially,


Mary McKeon
Registered Agent