

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 23 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L31465

1. Corporation Name

HEALTH CARE ASSOCIATES OF BREVARD, INC.

Principal Place of Business
1663 GEORGIA ST #700
790 EMERSON DRIVE
PALM BAY FL 32907

Mailing Address
1663 GEORGIA ST #700
790 EMERSON DRIVE
PALM BAY FL 32907



REINSTATEMENT

2000

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

2. New Principal Office Address, If Applicable

1663 GEORGIA ST
Suite, Apt. #, etc.
#700

3. New Mailing Office Address, If Applicable

1663 GEORGIA ST
Suite, Apt. #, etc.
#700

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1989

5. FEI Number

59-2976576

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
D	BRADSTREET, JAMES J	730 EMERSON DRIVE	PALM BAY FL 32907
D	TARASCHI, PETER W	730 EMERSON DRIVE	PALM BAY FL 32907
D	BUNCH, MORGAN R	730 EMERSON DRIVE	PALM BAY FL 32907
D	BRADSTREET, LORI D.	730 EMERSON DRIVE	PALM BAY FL 32907
			400003455504--1 -11/07/00--01087--012 ****750.00 ****750.00 LS

8. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ
1686 W. HIBISCUS BLVD.
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name James J. Bradstreet
Street Address (P.O. Box Number is Not Acceptable)
1663 GEORGIA ST #700
Suite, Apt. #, Etc.
City PALM BAY State FL Zip Code 32907

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct 19, 2000

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.

321-953-0278

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. BRADSTREET

Date

Oct 19, 2000

Daytime Phone #