

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 JUN 24 PM 1:59

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000007860**

1. Corporation Name

HealthCorps of Florida, Inc.

REINSTATEMENT

09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

191 Seventh Avenue

3. Mailing Office Address

191 Seventh Avenue

Suite, Apt. #, etc.

#2N

Suite, Apt. #, etc.

#2N

City & State

New York, NY

City & State

New York, NY

Zip

10011

Country

USA

Zip

10011

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

November 27, 2000

5. FEI Number
58-2586906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William Stainton

Street Address (P.O. Box Number is Not Acceptable)
Macfarlane Ferguson & McMullen

Suite, Apt. #, Etc.

201 N. Franklin Street, Suite 2000

City

Tampa

State

FL

Zip Code

33602

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Michelle M. Bouchard

Date

4/24/09

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
	see attached		

300157680283
06/24/09--01011--005 **61.25

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 contained in Chapter 119, 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:

Michelle Bouchard

Michelle Bouchard, President

Date

4/27/09 212.742.2815

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HealthCorps, Inc.

Addendum to Application for Corporation Reinstatement

2/2

DIRECTORS

Name	Mailing Address	Title
Mehmet Oz, M.D.	Columbia Presbyterian Hospital 177 Fort Washington Avenue M 7-435 New York, NY 10032	Chairperson
Alexander Markowits	1465 Canterbury Road Lakewood, NJ 08701	Director
Thomas J. Higgins	556 Morris Avenue, Building S42 Summit, NJ 07901	Director
Jordan Davis	400 Madison Avenue, 8 th Floor New York, NY 10017	Director
Chris Lighty	36 West 25 th Street, 11 th Floor New York, NY 10010	Director
Benjamin Lewis, M.D.	191 Seventh Avenue, 4N New York, NY 10011-1818	Director
Jill Platt	191 Seventh Avenue, 4N New York, NY 10011-1818	Director
Anthony Meyer	191 Seventh Avenue, 4N New York, NY 10011-1818	Director

OFFICERS

Michelle Bouchard	191 Seventh Avenue, 4N New York, NY 10011-1818	Executive Director
-------------------	---	-----------------------