

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -8 AM 11:49

**DOCUMENT #** N17325

**1. Corporation Name**

Regional Healthcare, Inc.

**2. Principal Office Address**

18 N. Broad Street

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34601

Country

Hernando

**3. Mailing Office Address**

P.O. Box 37

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34605-0037

Country

Hernando

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

10/15/86

**5. FEI Number**

59-2735979

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

Nathaniel L. Doliner

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

One Harbour Place

Suite, Apt. #, Etc.

777 S. Harbour Island Blvd.

City

Tampa

State

FL

Zip Code

33602

**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

REGISTERED AGENT MUST SIGN

Date

9-28-2001

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---------------------------------------------------|-----------------------|
| C      | Charles W. Price, Jr.                | 614 Erin Way                                      | Brooksville, FL 34601 |
| S/T    | Gustave A. Guadagnino                | 1539 Fayetteville                                 | Spring Hill, FL 34609 |
| D      | William F. Sietman, Jr.              | 23041 DeWitt Drive                                | Brooksville, FL 34601 |
| D      | John E. Richardson                   | 3194 Indian Gulf Lane                             | Aripeka, FL 34607     |
|        |                                      |                                                   |                       |
|        |                                      |                                                   |                       |

**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:**

Charles W. Price, Jr. Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-559-5357

Date

Daytime Phone #