

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 24 AM 10: 37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N95000000098**

1. Corporation Name

HORIZON HEALTHCARE ALLIANCE, INC.

Principal Place of Business

Mailing Address

6201 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34428

6201 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34428



REINSTATEMENT *96000*

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/09/1995	
City & State		City & State		5. FEI Number	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>					

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BERNE, FRANK Michael L. Collins	6201 N. SUNCOAST BLVD.	CRYSTAL RIVER FL 34428
D	BRANCATO, JOYCE Joyce Brancato	6201 N. SUNCOAST BLVD.	CRYSTAL RIVER FL 34428
D	BARLETT, JOHN Don Steigman	2701 ROCKY POINT DR., SUITE 700 500 W. Cypress Creek Rd., Suite 500	TAMPA FL 33607 Ft. Lauderdale, FL 33309
D	TRIKIS, FRANK Mark Bryan	2701 ROCKY POINT DR., SUITE 700 500 W. Cypress Creek Rd., Suite 500	TAMPA FL 33607 Ft. Lauderdale, FL 33309
			900002038949--1 -12/27/96--01038--009 ****245.00 ****245.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NOLAN, MICHAEL J ONE HARBOUR PLACE SUITE 500 TAMPA FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) 777 S. Harbour Island Boulevard Suite, Apt. #, Etc. One Harbour Place, Suite 500 City Tampa	
		State	Zip Code
		FL	33602

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** Date 10/23/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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** Director Date 12/20/96 (352) 795-8365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #