

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000003927

1. Corporation Name

HOSPICE INTEGRATED HEALTH SERVICES OF FLORIDA,
INC.

Principal Place of Business

Mailing Address

10065 RED RUN BOULEVARD
OWINGS MILLS MD 21117

10065 RED RUN BOULEVARD
OWINGS MILLS MD 21117

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1995

5. FEI Number

52-1939710

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CIRKA, LAWRENCE P C CHRISTIAN WINKLE	10065 RED RUN BLVD.	OWINGS MILLS MD
V	FULCHINO, MARK L	10065 RED RUN BLVD.	OWINGS MILLS MD
SD	LEVIN, MARC B	10065 RED RUN BLVD.	OWINGS MILLS MD
T	BENNETT, BRADLEY ROBERT STEPHENSON	10065 RED RUN BLVD	OWINGS MILLS MD
VD	ELKINS, MARSHALL A	10065 RED RUN BLVD.	OWINGS MILLS MD

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

300002733583--1

-01/07/99--01081--007

****236 25 ****236 25

State

Zip Code

FL

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 12/23/98

Charles E. Shampang, ASST. SECY.

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

Mark L Fulchino, Vice President

12/10/98

Date

(410) 998-2578

Daytime Phone #

CR2E040 (9/98)