

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 27 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000010503

1. Corporation Name

Health Services of Jacksonville, Inc.

500022635775
08/28/03--01032--013 **900.00

REINSTATEMENT 02-03

2. Principal Office Address

1803 Blvd.

Suite, Apt. #, etc.

N/A

City & State

Jacksonville, FL

Zip

32206

Country

USA

3. Mailing Office Address

3933 N. Andrews Avenue

Suite, Apt. #, etc.

N/A

City & State

FT. Lauderdale, FL

Zip

33309

Country

USA

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

5. FBI Number

65-0978275

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE 75. About the Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREAT T. TROTTA D.C.P.A.

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

1803 Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32206

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

08/26/03

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
D	Sal Pellegrino, D.C.P.A.	3933 N. Andrews Ave	FT. Lauderdale, FL 33309

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/26/03

Date

(954) 396-3908

Daytime Phone #

CR2E081 (10/02)

21 8/27