

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF THE  
DIVISION OF CORPORATIONS  
04 MAY 11 PM 12:25

DOCUMENT # P00000057293

1. Corporation Name

HEALTH SYSTEMS MANAGEMENT, INC.

2. Principal Office Address

17141 NE 13th AVE

Suite, Apt. #, etc.

City & State

N MIAMI BEACH, FL

Zip

33162

Country

USA

3. Mailing Office Address

7491 W OAKLAND PK BLVD.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

Zip

33319

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified  
To Do Business in Florida

6/13/2000

5. FEI Number

65-1027587

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

Nationscorp Registered Agents, Inc.

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

526 E Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301

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.

Nationscorp Registered Agents, Inc.

Signature of

Registered Agent

by: Alison Hand, Asst Sec

REGISTERED AGENT MUST SIGN

Date May 11, 2004

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	Ronald Ostroff	7491 W Oakland Park Blvd	Lauderhill, FL 33319
P, Sec	Ronald Ostroff	7491 W Oakland Park Blvd	Lauderhill, FL 33319

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:

Ron Ostroff

Ronald Ostroff

2/12/2004

954-578-1946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)