

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION**

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

**DOCUMENT #** *P00000070649*

**1. Corporation Name**  
*RXN HEALTH SERVICES INC.*

<b>2. Principal Office Address</b> <i>13862 SW 41 ST</i>		<b>3. Mailing Office Address</b> <i>SAME</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <i>DAVE FLORIDA</i>		<b>City &amp; State</b>	
<b>Zip</b> <i>33330</i>	<b>Country</b> <i>U.S.A.</i>	<b>Zip</b>	<b>Country</b>

**FILED**  
 01 OCT 24 PM 1:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**300004672793--6**  
 -11/08/01--01061--011  
 \*\*\*\*158.75 \*\*\*\*158.75

**4. Date Incorporated or Qualified To Do Business in Florida** *7-25-2000*

**5. FEI Number** *05-1032093* **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** *RAYMOND RAMSAY*

**Street Address (P.O. Box Number is Not Acceptable)**  
*13862 SW 41 STREET*

**Suite, Apt. #, Etc.**

**City** *DAVE FLORIDA 33330* **State** *FL* **Zip Code** *33330*

**C. 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]* **Date** *10/12/01*

**REGISTERED AGENT MUST SIGN**

**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
<i>S</i>	<i>MIRNA V. RAMSAY</i>	<i>13862 SW 41 STREET</i>	<i>DAVE FL 33330</i>
<i>T</i>	<i>CHARLELL RUSSELL</i>	<i>2233 SW 173 AVE</i>	<i>MIRAMON FL 33029</i>
<i>P</i>	<i>RAYMOND RAMSAY</i>	<i>13862 SW 41 STREET</i>	<i>DAVE FL 33330</i>

*014B218*

**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** *10/12/01 954-448-3439* **Date** *10/12/01* **Daytime Phone #** *954-448-3439*

CR2E081 (9/00)

*RXN Health Services Inc.  
13862 SW 41<sup>st</sup> Street  
Davie, Florida 33330  
Phone (954) 448-3439*

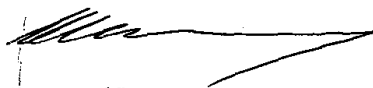
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

October 22, 2001

Dear Sir/Madam:

I have not received renewal notices for this year for the above corporation.  
Please waive late fees, and I have enclosed a check of \$158.75 for renewal.

Thank you,

  
Raymond Ramsay  
President.