

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**  
**Apr 16, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P00000047892

1. Corporation Name

Caremed Health Corporation

Principal Place of Business

Mailing Address

3501 Health Center Blvd  
Suite 1200  
Bonita Spgs, FL 34130

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/2000

5. FEI Number

59-3677342

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	Heim, Roscoe	760 Wiggins Lake Dr. #206	Naples, FL 34110
		22791 JAMPTAIL CT	ESTERO, FL 33928
VTD	Ward, John	2048 91st Terrace SW	Naples, FL 34116

8. Name and Address of Current Registered Agent

Heim, Roscoe D  
760 Wiggins Lake Dr. #206  
Naples, FL 34110

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

JOHN C. WARD

REGISTERED AGENT MUST SIGN

Date

4-16-03

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:

JOHN C. WARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-16-03

Daytime Phone #

239-992-7633

CR2E040 (1/2/96)



The CPA. Never Underestimate The Value.<sup>®</sup>  
American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants

**Certified Public Accountants**

Thursday, April 10, 2003

- Business & Personal Tax & Accounting
- Mortgages- Residential, SBA, Commercial

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Caremed Health Corporation**  
**3501 Health Center Blvd.**  
**Bonita Springs, FL 34130**  
**FEI: 59-3677342**

Dear Sirs:

Please find my client's Application for Reinstatement for 2002 & 2003 filing fees for Uniform Business Report and check for \$300.00. The Client never received the original Uniform Business Report. Please waive the penalty and interest and clear the account.

Thank you,

Respectfully,

Tammy Gartrell for:  
Hensley & Company, PA