PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED Sandra B. Mortham FOR Apr 16, 2003 8:00 A.M. Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS Secretary of State DOCUMENT # 10000047892 1. Corporation Name Caremed Health Corporation Principal Place of Business Mailing Address 3501 Hearth center BIVD 50 1te 1200 Bonita Spas, FL 34130 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 3501 Health Cener BIVD 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 10/16/2000 Suite, Apt. #, etc. 5017-6. 1200 Suite, Apt. #, etc. Applied For Not Applicable Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 760 Wiggins Lake Dr 2048-415th Ferrace <u>100016126041</u> 04/16/03--01071--005 \*\*300.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Heim, Roscoe D Name CR2E040 (12/96) 760 Wiggins Lake Dr. #206 Naples, FL 34110 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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. 4-16-03 TOHM, C. WARD REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. 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 filling 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.

City & State

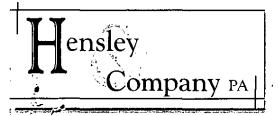
Title(s)

75D

Signature of Registered Agent

SIGNATURE:

JOHN C. WARD 239-992-7633 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



(CPA)

The CPA. Never Undersestimate The Value."

American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Thursday, April 10, 2003

## Certified Public Accountants

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

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

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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.

Committee of the second

Thank you,

Respectfully,

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Tammy Gartrell for:

Hensley & Company, PA