

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 15 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061359

1. Corporation Name

Skilled Care Specialists, Inc.

REINSTATEMENT 03

200023805492
10/15/03--01022--025 **750.00

2. Principal Office Address 801 West S.R. 436		3. Mailing Office Address 888 Grande Haven Drive	
Suite, Apt. #, etc. Suite 2209		Suite, Apt. #, etc.	
City & State Altamonte Springs, Florida		City & State Titusville, Florida	
Zip 32714	Country USA	Zip 32780	Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3726860

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
Arnold Matheny & Eagan, P.A.
Street Address (P.O. Box Number is Not Acceptable)
801 N. Magnolia Avenue
Suite, Apt. #, Etc.
Suite 201
City
Orlando
State
FL
Zip Code
32803

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

Date
October 10, 2003

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
P	Robert O. Frank, M.D.	888 Grande Haven Drive	Titusville, Florida 32780
VP	Ejaz Gahaffar, M.D.	8937 Heritage Day Circle	Orlando, Florida 32836

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert O. Frank, M.D.

10/10/03 (407) 210-3500

Date

Daytime Phone #

CR2E081 (10/02)

7/10/16