

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 30 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000079693**

1. Corporation Name

**DEPARTMENT OF HEALTH CARE
MANAGEMENT PROFESSIONALS,
INC.**

2. Principal Office Address

1542 Hypoluxo Road
Suite, Apt. #, etc.

SUITE 274

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

3. Mailing Office Address

1542 Hypoluxo Road
Suite, Apt. #, etc.

SUITE 274

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/01

5. FEI Number

59-3738424

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

IRWIN BEAN YOUNG - FINANCIAL CENTERS, INC.

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

3900 UNIVERSITY DRIVE

Suite, Apt. #, Etc.

SUITE 707

City

COVINGTON SPRINGS

State

FL

Zip Code

33065

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

Irwin Young

REGISTERED AGENT MUST SIGN

Date

01/23/04

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	SCOTT G. CRAMBLETT	7672 GREAT OAK DRIVE	LAKE WORTH, FL 33467

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:

Scott G. Cramblett **SCOTT G. CRAMBLETT** **01/23/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561.346.1617
561.963.6829

CR2E081 (10/02)

**Department of
HEALTHCARE
Management Professionals, Inc.**



January 23, 2004

RE: P01000079693 - EIN: 59-3738424

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

SUBJECT:

- CHANGE OF REGISTERED AGENT
- CHANGE OF ADDRESS
- CHANGE OF CORPORATION STATUS
- ANNUAL REPORT INFORMATION

Florida & Offshore Business Formation, Inc., located at 20 S. Broad Street, Brooksville, Florida, 34601 is the company that I chose to incorporate my business: Department of Healthcare Management Professionals, Inc. on August 14, 2001. The company filed the necessary documents to initiate my business' incorporation, but has done a dismal job of forwarding mail, documentation, and information to me throughout the last 29 months; hence late or absent annual reports and fees. I had no idea that dissolution of my corporation occurred on September 19, 2003, due to the lack of an annual report. I never received information indicating that the annual report was due.

Enclosed you will find a check in the amount of \$35.00 and the TRANSMITTAL LETTER form to change my REGISTERED AGENT to Irwin Beau Young, Accountant/Registered Agent, located at Financial Centers, Inc., Accounting & Financial Services, 3300 University Drive, Suite 707, Coral Springs, Florida, 33065.

For your convenience, I enclosed additional documentation to assist you in your endeavors to make the necessary changes and corrections accurately.

My corporation's previous address is on file as DEPARTMENT OF HEALTHCARE MANAGEMENT PROFESSIONALS, INC., 20 S. Broad Street, Brooksville, Florida, 34601-2829. This information is incorrect. The new information is as follows; DEPARTMENT OF HEALTHCARE MANAGEMENT PROFESSIONALS, INC., 6542 Hypoluxo Road, Suite 274, Lake Worth, Florida, 33467, (561) 346-1617, cramblett@bellsouth.net.

I notified the Internal Revenue Service of the corporation's address change in February of 2003 as shown on a copy of form 8109-C (Rev. 12-2000).

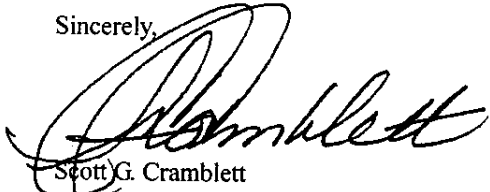
Additionally, enclosed you will find a check in the amount of \$300.00 and the CORPORATION REINSTATEMENT form to reinstate my corporation. The check amount is broken into two components: \$150.00 for the Year 2003 Annual Report and \$150.00 for the Year 2004 Annual Report. The Annual Report for 2004 will follow prior to the deadline in May 2004.

I will periodically check www.sunbiz.org to ascertain the status of my corporation. If I neglected to supply any information or fees, please notify me immediately so I may resolve any outstanding issues.

Thanking you in advance for your time, patience, and understanding.

January 23, 2004

Sincerely,

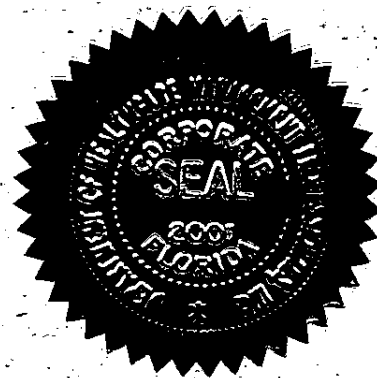
A handwritten signature in black ink, appearing to read "Scott G. Cramblett". The signature is fluid and cursive, with a large initial "S" and "C".

Scott G. Cramblett
President/CEO
DHMP, Inc.

Enclosures (18)

cc: Irwin Beau Young, Accountant, Registered Agent - Financial Centers, Inc.
Florida & Offshore Business Formation, Inc.

**Department of
HEALTHCARE
Management Professionals, Inc.**



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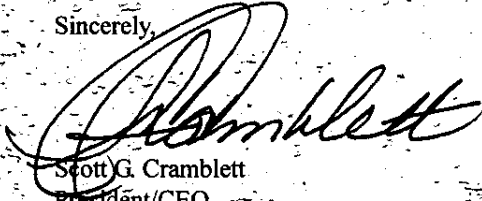
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Scott G. Cramblett

President/CEO

DHMP, Inc.

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Florida & Offshore Business Formation, Inc.