

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 DEC 17 AM 11:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT *03*

200025542672
12/17/03--01001--003 **758.75

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|---|-------------------------|--|---------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P02000020463 | | | |
| 1. Corporation Name Healthcentrics, Inc. | | | |
| 2. Principal Office Address 2727 W. MLK Boulevard | | 3. Mailing Office Address same | |
| Suite, Apt. #, etc. Suite 850 | | Suite, Apt. #, etc. | |
| City & State Tampa | | City & State | |
| Zip FL | Country 33607 | Zip | Country |

| | |
|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida | 02/22/2002 |
| 5. FEI Number 47-0853246 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | |
|--|--------------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name | Michael R. Carey |
| Street Address (P.O. Box Number is Not Acceptable) | 712 South Oregon Avenue |
| Suite, Apt. #, Etc. | |
| City | Tampa |
| State | FL |
| Zip Code | 33606-2543 |

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: *Michael R. Carey* Date: **Dec 12**, 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 |
|--------|-----------------------------------|--|--------------------|
| D | Stanton, John | 2727 West MLK Blvd., Ste. 850 | Tampa, FL 33607 |
| D | Broes, Charles | 2727 West MLK Blvd., Ste. 850 | Tampa, FL 33607 |
| D | Strosnider, James A. Jr. | 2727 West MLK Blvd., Ste. 850 | Tampa, FL 33607 |
| D | Toups, Leon H. | 2727 West MLK Blvd., Ste. 850 | Tampa, FL 33607 |
| D | Sobczyk, Rowena | 2727 West MLK Blvd., Ste. 850 | Tampa, FL 33607 |

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: *John Stanton* **John Stanton** Date: **12/12** ~~11~~ / **103** 813-264-2241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (10/02)

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