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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000081433

1. Corporation Name
ORLANDO MEDICAL CARE, INC.

2. Principal Office Address		3. Mailing Office Address	
516 S. DILLARD ST.		516 S. DILLARD ST.	
Suite, Apt. #, etc. SUITE 2		Suite, Apt. #, etc. SUITE 2	
City & State WINTER GARDEN, FL		City & State WINTER GARDEN, FL	
Zip 34787	Country USA	Zip 34787	Country USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business In Florida 7/26/2002

5. FEI Number ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

[redacted] AMERICAN INFORMATION SERVICES, INC.

[redacted] 255 S. Orange Avenue, Suite 1700

Suite, Apt. #, Etc.

[redacted] Orlando FL [redacted] 32801

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 Rebecca S. Matz Asst. Secretary Date 10-14-05
Rebecca S. Matz 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
PSTD	MANCHAERY, ANNAM	516 S. DILLARD ST., SUITE 2	WINTER GARDEN, FL 34787

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] 9/30/05 321-229-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

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From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

CORPORATION REINSTATEMENT

ORLANDO MEDICAL CARE, INC.

Certificate of Status	0
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