PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 NOV -8 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000086111

1. Corporation Name
Optimum Family Care, PA.

04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
8221 SR 54	8221 SR 54
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	1
City & State: New Port Richey	City & State: New Port Richey
Zip: FL — Country: 34655 USA	Zip: FL — Country: 34655 USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/08/2002

5. FEI Number: 54 2069658 — ☐ 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: Daniel H Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 8221 SR 54

Suite, Apt. #, Etc.:

City: New Port Richey — State: FL — Zip Code: 34655

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 _____
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	Daniel H. Rodriguez, MD	8221 SR 54,	New Port Richey, FL. 34655
		900091533808 11/08/06--01036--019 **1058.75	

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: DANIEL RODRIGUEZ — 11-02-06 — (727)375-1548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #