

2006 FOR PROFIT CORPORATION REINSTATEMENT


1082

FILED

06 OCT 13 11:10:07

SEC. OF
TALLAHASSEE

1082

DOCUMENT # P02000127647		
1. Entity Name CORRECTIONAL HEALTHCARE ADVANTAGE, INC.		

Principal Place of Business 14050 NW 14TH STREET SUITE 190 FORT LAUDERDALE, FL 33323	Mailing Address 14050 NW 14TH STREET SUITE 190 FORT LAUDERDALE, FL 33323
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT 2006
10102006 REIN-P CR2E098 (1/06)

4. FEI Number
81-0584939

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sarah K. Drake **Sarah K. Drake as its agent**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CASTILLE, ROBERT	
STREET ADDRESS	14050 NW 14TH ST. SUITE 190	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAMELAS, PETEL	
STREET ADDRESS	14950 NW 14TH ST. SUITE 190	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STAIR, JOHN	
STREET ADDRESS	1900 WINSTON RD.	
CITY-ST-ZIP	KNOXVILLE, TN 37919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASST. SEC. **ASST. SEC.** 10/11/06 **865-293-5665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

2052

ACCOUNT NO. : 072100000032

REFERENCE : 524083 7182683

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 750.00

ORDER DATE : October 13, 2006

ORDER TIME : 9:57 AM

ORDER NO. : 524083-005

CUSTOMER NO: 7182683

DOMESTIC FILINGS

NAME: CORRECTIONAL HEALTHCARE
ADVANTAGE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - Ext# 2959

EXAMINER'S INITIALS _____

RECEIVED
06 OCT 13 AM 10:52
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA