

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 12 AM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P16780

**1. Corporation Name**

~~Integrated Health Services, Inc.~~ d/b/a Integrated Health  
Services Development, Inc.

400011686814

03/25/03--01068--025 \*\*450.00

**2. Principal Office Address**

910 Ridgebrook Rd

Suite, Apt. #, etc.

**3. Mailing Office Address**

910 Ridgebrook Rd

Suite, Apt. #, etc.

**City & State**

Sparks, MD

**Zip**

21152

**Country**

USA

**City & State**

Sparks, MD

**Zip**

21152

**Country**

USA

2001-2003 UBR

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

232428312

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**

National Corporate Research, LTD

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

**Suite, Apt. #, Etc.**

103. N. Meridian Street

**City**

Tallahassee

**State**

FL

**Zip Code**

32301

**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

*John Morrissey*  
Vice President  
REGISTERED AGENT MUST SIGN

Date

3/7/2003

**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.D	John Heller	910 Ridgebrook Rd	Sparks, MD 21152
VP	Melissa Warlow		
T	Matthew Box		
S	Ronald Lord		
D	W. Bradley Bennett		

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03

Date

410-773-1176

Daytime Phone #

CR2E081 (10/02)



Attachment

# P16780

282

March 7, 2003

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

INTEGRATED HEALTH SERVICES, INC. D/B/A INTEGRATED HEALTH SERVICES  
DEVELOPMENT, INC.

Enclosed please find annual reports for the following years:

2001, 2002, and 2003

A corporation reinstatement form is also attached.

Please note that the enclosed check is for \$450.00 to cover the cost of the annual report fees. The reports from 2001 and 2002 were not received by the corporate office and were mailed back to the State. The States records indicate that the reports were returned.

If you have any questions, please call me at 410-773-1176.

Sincerely,

A handwritten signature in cursive script that reads "Melissa Warlow".

Melissa Warlow  
Vice President