

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

**CORPORATION
REINSTATEMENT**

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -8 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **094000040463**

1. Corporation Name

INFINITY HEALTHCARE MANAGEMENT, INC.

2. Principal Office Address

2200 MILLER OAKS COURT
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32217

Country

USA

3. Mailing Office Address

2200 MILLER OAKS COURT
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32217

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/94

5. FEI Number

59-3251214

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

RICHARD D. BROCK

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

1301 RIVERPLACE BOULEVARD

Suite, Apt. #, Etc.

SUITE 2400

City

JACKSONVILLE

State

FL

Zip Code

32207

800003744818-2
-02/21/01-01025-009
****900.00 ****900.00

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

Richard D. Brock
REGISTERED AGENT MUST SIGN

Date

2-7-01

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	THOMAS D. BOROWY	2200 MILLER OAKS COURT	JACKSONVILLE, FL 32217

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:

Thomas D. Borowy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

904-739-0270