

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC -1 PM 2:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054840**

1. Corporation Name
CARE ON CALL, INC.

Principal Place of Business 4300 ALTON ROAD MIAMI BEACH FL 33140	Mailing Address 4300 ALTON ROAD MIAMI BEACH FL 33140
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 10275 Collins Avenue Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable 6600 West Broad Street Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 07/25/1994
City & State South Bal Harbor, FL	City & State Richmond, VA	5. FEI Number 65-0510402
Zip 33142	Country United States	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip 23230	Country United States	Applied For Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	EDELSTEIN, SOL .	10275 COLLINS	SOUTH BAL HARBOR FL 33142
P	EDELSTEIN, SOL M	10275 COLLINS	SOUTH BAL HARBOR FL 33142
REINSTATEMENT			
			12/1/98
			200002702162--3 -12/03/98--01089--003

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	9. Name and Address of Former Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State / Zip Code FL
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *Wicky Goldstein* REGISTERED AGENT MUST SIGN
 SPECIAL ASSISTANT SECRETARY Date: 11/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

12. 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 REQUIRED**
 Sol Edelman, M.D. 11/24/98 800-343-9287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/98)