

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 11 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



999 + 2000 AR

DOCUMENT # P94000089019

1. Corporation Name

OPTIMACARE MANAGEMENT COMPANY, INC.

Principal Place of Business

2800 W OAKLAND PARK BLVD
STE 100
FT LAUDERDALE FL 33311
US

Mailing Address

18441 N.W. 2ND AVE.
218
MAIMI FL 33169
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5818 SW 117th Ave
Cooper City, FL
33330 US

4. Date Incorporated or Qualified To Do Business in Florida

12/08/1994

5. FEI Number

65-0567360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PRES	WALLIN, BRUCE	3830 S.W. 2 COURT	FT. LAUDERDALE FL
VP	BESNER, HILDA F	1144 S.E. 3RD AVE	FT. LAUDERDALE FL
S	RONIK, STEVE	4740 N STR 7, STE 210	FT LAUDERDALE FL
TRE	FREEDMAN, DAVID	18441 N.W. 2ND AVENUE SUITE 218	MIAMI FL
			400003171944--2 -03/16/00--01012--016 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

DAVID FREEDMAN
18441 N.W. 2ND AVENUE
SUITE 218
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5818 SW 117th Ave
Suite, Apt. #, Etc.
E
City Cooper City State FL Zip Code 33330

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

[Handwritten signature: David Freedman]
REGISTERED AGENT MUST SIGN

Date 2/7/2000

11. 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:

[Handwritten signature: David Freedman]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000
Date
Daytime Phone #
954 779-1696

CR2040 (8/99)



OPTIMACARE, INC.

Broward's Circle of Care

February 7, 2000

MEMBERS

ALLIANCE FOR
BEHAVIORAL CARE,
INC.

FAMILY CENTRAL

FAMILY SERVICE
AGENCY, INC.

HENDERSON
MENTAL HEALTH
CENTER

KIDS IN DISTRESS,
INC.

THE CHILDREN'S
HOME SOCIETY OF
FLORIDA
INTERCOSTAL
DIVISION

SPECTRUM
PROGRAMS, INC.

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please consider this letter and the enclosed application for reinstatement of the named corporation. I am requesting waiver of the reinstatement fee since the paperwork was never received. Somehow when the mailing address changed the appropriate paper work was never forwarded by the U.S. Postal Service and the notifications were never received. Enclosed please find the application and the check as directed by your office.

Thank you for your consideration of this matter.

Sincerely,


Dave Freedman, Director

2800 WEST OAKLAND PARK BLVD., SUITE 100
FT. LAUDERDALE, FL 33311-1363
(954) 779-1696