


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 97 AUG 14 AM 8:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
<b>DOCUMENT #</b> <u>95000028756</u>		<b>REINSTATEMENT</b> <u>9697</u>					
1. Corporation Name <b>NuMED Rehabilitation, Inc.</b>							
Principal Place of Business  <b>5770 Roosevelt Boulevard, Suite 700 Clearwater, Florida 34620</b>		Mailing Address  <b>5770 Roosevelt Boulevard, Suite 700 Clearwater, Florida 34620</b>					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip      Country		3. New Mailing Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida <b>3/31/95</b> 5. FEI Number <b>59-3306281</b> 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>			
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
	COB, CEO, D		Jugal K. Taneja		5770 Roosevelt Blvd., #700		Clearwater, FL 34620
	P, D		Susan J. Carmichael		5770 Roosevelt Blvd., #700		Clearwater, FL 34620
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
<b>CT-Corporation System</b> <b>1200 S. Pine Island Road</b> <b>Plantation, FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, Etc.			
				City      State      Zip Code <b>FL</b>			
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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent <u>Connie Bryan</u></div><div style="text-align: center;"><b>CONNIE BRYAN</b> <b>SPECIAL ASSISTANT SECRETARY</b> REGISTERED AGENT MUST SIGN</div><div>Date <u>8-14-97</u></div></div>							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)							
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <div style="text-align: right; margin-top: 10px;"><u>Jugal K. Taneja</u></div>							

CR2E04C (12/95)