

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC -3 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025756

1. Corporation Name

NUMED REHABILITATION, INC.

Principal Place of Business

5770 ROOSEVELT BLVD.  
SUITE 700  
CLEARWATER FL 33760  
US

Mailing Address

5770 ROOSEVELT BLVD.  
SUITE 700  
CLEARWATER FL 33760  
US

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 Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/31/1995

5. FEI Number

59-3306281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75. A Additional Fee required  
for a Certificate of Status.

REINSTATEMENT

99

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
COO	TANEJA, JUGAL K	5770 ROOSEVELT BLVD., #700	CLEARWATER FL 33760
CEO	TANEJA, JUGAL K	5770 ROOSEVELT BLVD., #700	CLEARWATER FL 33760
PD CEO	CARMICHAEL, SUSAN J	5770 ROOSEVELT BLVD., #700	CLEARWATER FL 33760
600003070446--8 -12/15/99--01014--009 ****758.75 ****758.75			

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date 12/3/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan J. Carmichael, President 11/17/99

Date

Daytime Phone #

727-584 3227

KE