PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



A. Date Incorporated or Qualified To Do Business in Floridae 2. Principal Office Address \$3.60 NW \$5 BL VD 3. Mailing Office Address \$3.60 NW \$5 BL VD 3. Mailing Office Address \$3.60 NW \$5 BL VD 3. Mailing Office Address \$3.60 NW \$5 BL VD 4. Date Incorporated or Qualified To Do Business in Floridae To Do Busines	Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P9500035836 Corporation Name MP Ho Me Heath (Are Syrems Inc. Principal Office Address Side Number State	(, 3°	٠ نير			4 - 81		
DOCUMENT # P9500035836 1. Corporation Name MP Ho MR HRATH (ARR SYRMS IM 2. Principal Office Address \$360 NW \$5 BL VD. Suite, Apt. #, etc. 9-102 City & State (VONT (Red) (ONT - CARR) To Do Business IP Florida 3. Mailing Office Address \$360 NW \$5 BL VD. 4. Date incorporated or Qualified To Do Business IP Florida To Do Business IP Florida 5. FEI Number Applied F 6. CERTIFICATE OF STATUS DESIRED Name TO SEPH PM (ATH Street Address (P.O. Box Number is Not Acceptable) Street Address of Section 607.0505 or 617.0503, F.S. Signature of Officer and/or Director (Ploride and/or Director) Street Address of Each Officer and/or Director (Ploride and/or Director) Name of Officer and/or Director (Ploride or Director) Street Address of Each Officer and/or Director (Ploride or Director) Street Address of Each Officer and/or Director (Ploride or Director) Street Address of Each Officer and/or Director (Ploride or Director) Street Address of Each Officer and/or Director (Ploride or Director)	UBR DOCUMENT # P9500035836 Corporation Name MP Flo MR FRATH (ARR SYTTMS IAC STALLAHASSEE, FLORIDA A District Incorporated or Qualified to Do Bederges of Product of District Incorporated or Qualified to Do Bederges of Product of District Incorporated or Qualified to Do Bederges of Product of District Incorporated or Qualified to Do Bederges of Product or Qualified Status or Qualified To Do Bederges of Product or Qualified To Do Bederges of Do Bederges of Product or Qualified To Do Bederges of Do Bederges of Product or Qualified To Do Bederges of Product or Product or Qualified To Do Bederges of Product or Do Bederges or Do Bederges of Do Beder	CORPORATION				FILEC)	
2. Principal Office Address \$3360 NW \$5 BLUD. P-102. Suite, Apt. #, etc. 9-102 City & State CoCy NVT-EARCY Zip Country Systam and Address of Current Registered Agant Name To Septil P M (Cath Street Address (P.O. Box Number is Not Acceptable) Systam Address of Current Registered Agant Name To Septil P M (Cath Street Address (P.O. Box Number is Not Acceptable) Systam April 25 City & State Titles Name of Officers and/or Directors Name of Officers and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officers and/or Directors	MP Home Heath (Are Syrems Im Principal Office Address \$3.46 NW \$5 BLUD . P-102 \$3.40 NW \$5 BLUD . P-102 \$4. Date incorporated or Qualified To Distungs in Forces \$5.50 NW \$193 \$5. FEI Number \$6. CERTIFICATE OF STATUS DESIRED \$6. Not Applicable Name County \$3.073 USA \$3.073 USA \$3.073 USA \$7. Name and Address or Current Registered Agant Name \$7. Name and Address or Current Registered Agant Name \$7. Name and Address or Current Registered Agant Street Address (P.O. Box Number is Not Acoptable) \$7. Name and Address or Current Registered Agant Street Address (P.O. Box Number is Not Acoptable) \$7. Name and Address or Current Registered Agant Street Address (P.O. Box Number is Not Acoptable) \$7. Name and Address or Current Registered Agant Street Address (P.O. Box Number is Not Acoptable) \$7. Name and Address or Current Registered Agant Street Address (P.O. Box Number is Not Acoptable) \$7. Name and Address or Current Registered Agant Name \$7. Note Address or Current Registered Agant Recision Preson Acoptable Recision Preson Acoptable Street Address of Each Officer and or Officer and	2000-2001 UBR			01 FEB 21 PM 12: 25			
2. Principal Office Address \$3360 NW \$5 BLUD. P-102. Suite, Apt. #, etc. 9-102 City & State Co Cuty NVT - CARRY Zip County Zip County Zip County Zip County Synta Address of County Synta Address of Cutrent Registered Agent Name So Sept. PM (CATH Street Address (P.O. Box Number is Not Acceptable) Synta Apt. #, etc. 9-102 7. Name and Address of Cutrent Registered Agent Name Synta Address of Cutrent Registered Agent Name Synta Address of Cutrent Registered Agent Name Synta Address of Cutrent Registered Agent Registered Agent Registered Agent Registered Agent P. Names and Street Addresses of Each Officer and/or Directors Name Street Addresses of Each Officer and/or Directors	MP Home Heath (Are Syrems Im Principal Office Address \$3.46 NW \$5 BLUD . P-102 \$3.40 NW \$5 BLUD . P-102 \$4. Date incorporated or Qualified To Distungs in Forces \$5.50 NW \$193 \$5. FEI Number \$6. CERTIFICATE OF STATUS DESIRED \$6. Not Applicable Name County \$3.073 USA \$3.073 USA \$3.073 USA \$7. Name and Address or Current Registered Agant Name \$7. Name and Address or Current Registered Agant Name \$7. Name and Address or Current Registered Agant Street Address (P.O. Box Number is Not Acoptable) \$7. Name and Address or Current Registered Agant Street Address (P.O. Box Number is Not Acoptable) \$7. Name and Address or Current Registered Agant Street Address (P.O. Box Number is Not Acoptable) \$7. Name and Address or Current Registered Agant Street Address (P.O. Box Number is Not Acoptable) \$7. Name and Address or Current Registered Agant Street Address (P.O. Box Number is Not Acoptable) \$7. Name and Address or Current Registered Agant Name \$7. Note Address or Current Registered Agant Recision Preson Acoptable Recision Preson Acoptable Street Address of Each Officer and or Officer and	1 1~		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Suite, Apt. #, etc. Get G	#####300.00 **Names and Street Addresses of Each Officer and/or Director (Fordan nonprofit corporations must list at least 3 directors) **Name of Officers and/or Directors **Name of Officers and/or Directors trusted engovered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this principations in application, the reason for officers or directors or invalved the or inchapter 607 or 617, F.S. I further certify that when filing this principation and operation has been eliminated, the corporate name satisfacts the requirements of section 607,0401 or 817,4061, F.S. That information indirects overload the operation under section 607,0401 or 817,4061, F.S. That information indirects on directors of conductors of section 607,0401 or 817,4061, F.S. That information indirects on one of the operation when the operation under section 607,0401 or 817,4061, F.S. That information indirects one of the operation when the operation under section 607,0401 or 817,4061, F.S. That information indirects one of the operation and officers of confirmation indirects of the operation and officers of confirmation in chapter 607 or 617, F.S. I further certify that when filing this ar	-	ITH CARE SYTE	ms Inc		•		
Suite, Apt. #, etc. Get G	#####300.00 **Names and Street Addresses of Each Officer and/or Director (Fordan nonprofit corporations must list at least 3 directors) **Name of Officers and/or Directors **Name of Officers and/or Directors trusted engovered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this principations in application, the reason for officers or directors or invalved the or inchapter 607 or 617, F.S. I further certify that when filing this principation and operation has been eliminated, the corporate name satisfacts the requirements of section 607,0401 or 817,4061, F.S. That information indirects overload the operation under section 607,0401 or 817,4061, F.S. That information indirects on directors of conductors of section 607,0401 or 817,4061, F.S. That information indirects on one of the operation when the operation under section 607,0401 or 817,4061, F.S. That information indirects one of the operation when the operation under section 607,0401 or 817,4061, F.S. That information indirects one of the operation and officers of confirmation indirects of the operation and officers of confirmation in chapter 607 or 617, F.S. I further certify that when filing this ar				_	,		
A Date Incorporated or Qualified To Do Business in Florida To Do Bus	A - Data D	2. Principal Office Address 5360 NW 55 BLVD - 12-102	3. Mailing Office Addre	ss Blup				
To Do Business in Florida City & State City / State / Zip	Titles Officers and/or Directors Officers and/or Director (Florida nonprofit corporations must fist at least 3 directors) Titles Officers and/or Directors Officers and/or Director (Florida nonprofit corporations must fist at least 3 directors) Titles Officers and/or Directors Officers and/or Director (Florida nonprofit corporations must fist at least 3 directors) To De Number 10 Applicable (Safety 1948) 5. FEI Number	•			4. Date Incorpora	ated or Qualified		
Not Applicate of Salary Not Applicate of Salary Not Applicate of Salary Sala	Country Zip Country Zip Country Zip Country And Applicable GERTIFICATE OF STATUS DESIRED Street Address of P.O. Box Number is Not Acceptable) Street Address of P.O. Box Number is Not Acceptable) Street Address of P.O. Box Number is Not Acceptable) Street Address of P.O. Box Number is Not Acceptable) Street Address of P.O. Box Number is Not Acceptable) Street Address of P.O. Box Number is Not Acceptable) Street Address of P.O. Box Number is Not Acceptable) Street Address of P.O. Box Number is Not Acceptable) Street Address of P.O. Box Number is Not Acceptable) Street Address of P.O. Box Number is Not Acceptable) Street Address of P.O. Box Number is Not Acceptable) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and or Director (Plorida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and or Director (Plorida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and or Director (Plorida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and or Director (Plorida nonprofit corporation mass state and the Corporation mass and Street Address of Each Officer and or Director (Plorida nonprofit corporation mass and Street Address of Each Officer and or Director (Plorida nonprofit corporation mass and Street Address of Each Officer and or Director (Plorida nonprofit corporation have been eliminated, the corporation have been placed on the name of Individuals listed on this form on or qualified on the corporation have been paid and the names of Individuals listed on this form on or qualified resection 119 07(3)(1), F.S. It half and some paid and the names of Individuals listed on this form on on qualified resection 119 07(3)(1),		· · · · · ·		To Do Busines	ss in Florida		
Country USA 33073 Country USA 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee refore Certificate of St 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. 9-102 City City City City Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Name of Officer and/or Directors Street Address of Each Officer and/or Director Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Director Street Address of Each Officer and/or Director Street Address of Each Officer and/or Director City / State / Zip City / State / Zip	Same and Addresses of Each Officer and/or Directors Street Address	COCONUT CREEK.	COCUNUT			ncsial :	 ' ' ' 	
7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Officer and/or Director	7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	Zip Country	1 '		6.	• • • • • • • • • • • • • • • • • • •		
Street Address (P.O. Box Number is Not Acceptable) *****300.01 ******300.01 ******300.01 ******300.01 ******300.01 ******300.01 ******300.01 ******300.01 ******300.01 *******300.01 ******300.01 *******300.01 ******300.01 ******300.01 ******300.01 ******300.01 ******300.01 ******300.01 ********300.01 *******300.01 *******300.01 *******300.01 *******300.01 *******300.01 *********************************	Street Addresses (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) State 2, 100	33013 10311			ered Agent	-		
Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. Gran Cley City City City Registered Agent Registered Agent Name of Officers and/or Directors Street Address of Each Officer and/or Director Street Address of Each Officers and/or Directors City / State / Zip Code FL 33073 State Zip Code FL 33073 State Zip Code FL 33073 Date 2/1/200/ Street Address of Section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors City / State / Zip	Street Address (P.O. Box Number is Not Acceptable) State ANW S B U	Name To CODII 6	· Mac C ~ U					
State Zip Code FL 33073 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 Date 2/14/200/ P. 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	State	Street Address (P.O. Box Number is	Not Acceptable)		60	-03/08/0)101019 (04	
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 Part Agent Must Sign Part Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	(a) Libeing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. ignature of egistered Agent	Suite, Apt. #, Etc.						
Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 1/4/200/ REGISTERED AGENT MUST SIGN Date 1/4/200/ 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	REGISTERED AGENT MUST SIGN Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Nes Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Nes To Seph PM: Gath 9-/02 Column Cleek, 71.3301 Out of this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 1907,041, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not quify for an exemption under section 1907,040), F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not quify for an exemption under section 1907,040), F.S. that all fees nowed by the corporation have been paid and the names of individuals listed on this form do not quify for an exemption under section 1907,040), F.S. that all fees	City Co Comi Chee	L			'		
Registered Agent REGISTERED AGENT MUST SIGN Part	REGISTERED AGENT MUST SIGN 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 Officer and/or Director City / State / Zip O LOWN SSD(UP) O LOWN CREEL, 71.3307 O Loertify 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	8. I, being appointed the registered agent of the ab	ove named corporation, am	familiar with and accept the	obligations of section	607.0505 or 61 7 .05	503, F.S.	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip	Name of Officers and/or Directors Street Address of Each Officer and/or Director Street Address of Each Officer and/or Director Stock NW SS D(V) GOOW CREEK, 713307 O. 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 filling 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	Registered AgentA	REGISTERED AGENT MUS	Fail	-	Date2	14/2001	
Officers and/or Directors Officer and/or Director Officer and/or Director	Officer and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director S 60 NW S 5 D(VP) GOOWT CREEL, 71.33-07 O. 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 filling 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	9. Names and Street Addresses of Each Officer a	nd/or Director (Florida nonpr	ofit corporations must list at	least 3 directors)		PAR I	
Phes Joseph PMc Cattle 5360 NW SS Blup Colour Creek, 71330	O. 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 filling 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		rs			C	ity / State / Zip	
	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	PRES JOSEPH PMc C	PATH 5	360 NW SS 9-102	BLUP	CO(OAN)	Creek, 7133	<u>073</u>
	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					.	· ` ·	`-
	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							
	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			····		•	· · · · · · · · · · · · · · · · · · ·	
	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					<u>.,,,</u>		
	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						· ·	
	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							
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 fill	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	10. I certify that I am an officer or director or the rec	ceiver or trustee empowered	to execute this application as	s provided for in chapte	er 607 or 617, F.S.	I further certify that when f	iling

2/14/2001 954-426-5936

Last

Department of Corporations Reinstatement Department ATTN: Cathy Ashton PO Box 6327 Tallahassee, Fl. 32314

Dear MS. Ashton,

Per your advise I am writing this letter to inform the Reinstate Department why my E - Corporation did not submit a Uniform Business Report in the year 2000.

In January of 2000, I was admitted to the hospital for a stroke and blood clots in my right leg. I was incapacity for five months and my corporation mail was not forwarded because of my condition. I was sincerely not aware that the forms and payment for the Corporation fees were not paid. I was discharged to the below listed address because my contrition warranted me to have a first floor no steps handycapped entrance and I did not return to my pervious listed address. This may explain on why I did not receive any of your past correspondence.

On February 1, 2001 when inquiring about getting a Uniform Business Report Form for 2001 I was informed that my Corporation was dissolved due to nonpayment or not reporting a new address. Per your advice and that of Ms. Tammy Hampton I enclosed a check for \$300.00, this letter and the forms I was sent to complete.

I would like to add that you and Ms. Hampton are good examples of how every state employee should act toward those that need help and the plight of the old and infirmed.

Thank you both for all your help and advise in this matter.

Sincerely,"

Joseph P. M. Gath

President

MD Homr HealthCare Systems Inc.

5360 NW 55 Blvd

9-102

Coconut Creek, Fl. 33073