


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION**  
2000-2001  
UBR

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

**DOCUMENT #** P95000035836

**1. Corporation Name**  
MD Home Healthcare Systems Inc

**2. Principal Office Address**  
5360 NW 55 BLVD - 9-102  
Suite, Apt. #, etc. 9-102  
City & State COCONUT CREEK  
Zip 33073 Country USA

**3. Mailing Office Address**  
5360 NW 55 BLVD  
Suite, Apt. #, etc. 9-102  
City & State COCONUT CREEK  
Zip 33073 Country USA

**FILED**  
01 FEB 21 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**4. Date Incorporated or Qualified To Do Business in Florida**  
MAY 1995

**5. FEI Number** 65-0581011  
Applied For ☐ Not Applicable ☒

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name JOSEPH P Mc GATH  
Street Address (P.O. Box Number is Not Acceptable) 5360 NW 55 BLVD  
Suite, Apt. #, Etc. 9-102  
City COCONUT CREEK State FL Zip Code 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 JOSEPH P Mc GATH  
Date 2/14/2001  
REGISTERED AGENT MUST SIGN

**9. 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
PRES	JOSEPH P Mc GATH	5360 NW 55 BLVD 9-102	COCONUT CREEK, FL 33073

**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 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:** JOSEPH P Mc GATH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2/14/2001 Daytime Phone # 954-426-5936

CR2E081 (9/00)

2022

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 Reinstatement Department why my E - Corporation did not submit a Uniform Business Report in the year 2000.

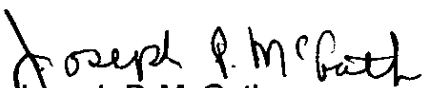
In January of 2000, I was admitted to the hospital for a stroke and blood clots in my right leg. I was incapacity for five months and my corporation mail was not forwarded because of my condition. I was sincerely not aware that the forms and payment for the Corporation fees were not paid. I was discharged to the below listed address because my contrition warranted me to have a first floor no steps handicapped 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. McGath

President

MD Homr HealthCare Systems Inc.

5360 NW 55 Blvd

9-102

Coconut Creek, FL 33073