

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



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

FILED

02 JAN -9 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000050043

1. Corporation Name

Meridian Health Services of Clearwater Corporation

2. Principal Office Address

15371 Roosevelt Blvd.

Suite, Apt. #, etc.

105

City & State

Clearwater, FL

Zip

33760

Country

Pinellas

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

6/95

5. FEI Number

59-3318906

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

Michael Hatmaker

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

471 Harbor Dr. S., Indian Rocks Beach, FL 33785

Suite, Apt. #, Etc.

City

Indian Rocks Beach

State

FL

Zip Code

33785

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

[Signature]

Date

1/4/02

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.	Michael Hatmaker	471 Harbor Dr. S.	Indian Rocks Bch, FL 33785

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Hatmaker

Date

1/4/02

Daytime Phone #

727-517-4222

CR2081 (9/01)

1/4/02

Please accept this application for reinstatement & the \$150.00 for 2001 Business Report. I never received last years Report which is verified in your records which show both times the reports were sent, they were returned.

~~I am also enclosing~~

Any questions please call at the referenced telephone numbers.

Thank You



Michael Hatmaker