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<b>APPLICATION</b> 96-97FOR <b>REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																															
<b>DOCUMENT #</b> P95000058477																																	
1. Corporation Name <b>Patient Care Services, Inc</b>																																	
Principal Place of Business <b>213 Odham Dr.</b> <b>Sanford, FL 32773</b>		Mailing Address																															
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																	
2. New Principal Office Address, If Applicable <b>213 Odham Dr.</b> Suite, Apt. #, etc.		3. New Mailing Address, If Applicable <b>213 Odham Dr.</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>7-28-95</b>																													
City & State <b>Sanford FL</b>		City & State <b>Sanford, FL</b>		5. FEI Number <b>65-0610719</b>																													
Zip <b>32773</b>		Country <b>Seminole</b>		Applied For Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				S8.75 Additional Fee required for a Certificate of Status																													
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Title(s)</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>D/P</td><td>Daniel C. Throneburg Jr.</td><td>213 Odham Dr.</td><td>Sanford, FL 32773</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	D/P	Daniel C. Throneburg Jr.	213 Odham Dr.	Sanford, FL 32773																				
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<b>REINSTATEMENT</b> 96-97 500 11-6-97																																	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent																														
			Name <b>LOUISE DRUGAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>213 Odham Dr.</b> Suite, Apt. #, Etc. City <b>Sanford</b> State <b>FL</b> Zip Code <b>32773</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. Signature of Registered Agent <b>Louise Drugan</b> (REGISTERED AGENT MUST SIGN) Date <b>10/25/97</b>																																	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> IF some due																																	
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.																																	
SIGNATURE: <b>Cindy Throneburg (Cindy Throneburg)</b> 9/20/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	