

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -2 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075238 L2)

1. Corporation Name

Integracare Medical Centers Inc.

Principal Place of Business

Mailing Address

INTEGRATED HEALTH SERVICES, INC.
10065 RED RUN BLVD.
OWINGS MILLS, MD 21117

INTEGRATED HEALTH SERVICES, INC.
10065 RED RUN BLVD.
OWINGS MILLS, MD 21117

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Lawrence P. Curka	10065 Red Run Blvd.	OWINGS MILLS MD 21117
V	Mark Fulchino		
T	Bradley Bennett		
SO	Marc Levin		
VD	Marshall A. Elkins		

600002018446--5
-12/08/96--01139--009
****375.00 ****375.00

8. Name and Address of Current Registered Agent

Riehemann, Walter B.
1390 Main St
Suwanee, FL 34236

9. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable):
1200 S Pine Island Rd.
Suite, Apt. #, Etc.:
City: Plantation
State: FL
Zip Code: 33324

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

Marilyn Liggio
Marilyn Liggio 10/28/96

Date 11/21/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

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:

Mark Fulchino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/96
Date

(410) 998-8578
Daytime Phone #

CR2000 (12/95)