PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

1997 NOV 17 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000041706**

1. Corporation Name

REGENCE HEALTH CARE, INC.

Principal Place of Business	Mailing Address
9240 BONITA BEACH RD SUITE 2206 BONITA SPRINGS FL 34135	9240 BONITA BEACH RD SUITE 2206 BONITA SPRINGS FL 34135

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 Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/15/1996

5. FEI Number: 65-0668603 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
M.D.	PRESIDENT ZANNOS G. GREKOS, M.D.	9240 BONITA BCH RD SUITE 2206	BONITA SPRINGS FLORIDA 34135
			500002353325--5 -11/20/97--01091--010 ****750.00 ****750.00
			97/18/97 11/17
		REINSTATEMENT	
			500002353325--5 -11/20/97--01091--011 ******8.75 ******8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GREKOS, ZANNOS G ~~9300 BONITA BEACH ROAD~~ ~~BONITA SPRINGS FL 33923~~	Name: ZANNOS G. GREKOS Street Address (P.O. Box Number Is Not Acceptable): 9240 BONITA BCH RD Suite, Apt. #, Etc.: SUITE 2206 City: BONITA SPRINGS — State: FL — Zip Code: 34135

CPDE040 (8/97)

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: ZGREKOS MD — REGISTERED AGENT MUST SIGN — Date: 11/12/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. 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: ZGREKOS MD — ZANNOS GREKOS M.D. (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — Date: 11/12/97 — Daytime Phone #: 941-498-9114