

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED  
99 DEC -8 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000046502**  
1. Corporation Name  
**LIFECARE MERGER CORP.**

Principal Place of Business Mailing Address  
621 N.W. 53 STREET 621 N.W. 53 STREET  
SUITE 450 SUITE 450  
BOCA RATON FL 33487 BOCA RATON FL 33487

REINSTATEMENT 09

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 05/31/1996  
5. FEI Number 65-0058186 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WEISSMAN, RICHARD S	621 N.W. 53 STREET, SUITE 450	BOCA RATON FL 33487
P/T/D	Alfred R. Novas	621 N.W. 53rd Street, #450	Boca Raton FL 33487
VP/S/D	Mark Schiller	621 N.W. 53rd Street, #450	Boca Raton, FL 33487

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\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent  
WEISSMAN, RICHARD  
621 N.W. 53 STREET  
SUITE 450  
BOCA RATON, FL 33487

9. Name and Address of New Registered Agent  
Name Ira L. Young, Esq  
Street Address (P.O. Box Number is Not Acceptable)  
621 N.W. 53rd Street, Suite 450  
Suite, Apt. #, Etc. Suite 450  
City Boca Raton, State FL Zip Code 33428

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 *Ira L. Young* Date 12-7-99  
REGISTERED AGENT MUST SIGN

11. 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: *Alfred R. Novas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Alfred R. Novas, CEO  
Date 12-7-99 Daytime Phone # 561-337-2205  
KE