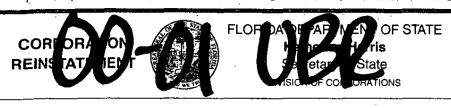
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

01 MAR -8 AM 11: 06

SECRETARY OF STATE. TALLAHASSEE, FLORIDA

DOCUMENT # P96000098058

1. Corporation Name

H.C.D. INFUSION CARE, INC.

2. Principal Office Address		3. Mailing Office Address			•		
610 Magnolia Avenue Suite, Apt. #, etc.		610 Magnolia Avenue Suite, Apt. #, etc.					
				<u></u>			
					oorated or Qualified ness in Florida 127/	02/1996	
City & State Auburndale, FL		City & State Aŭburndale, FL		5 FEI Numbe	5. FEI Number Applied For		
				1	59–3416125. Not Applied PC		
Zip	Country	Zip ,	Country	6.		\$8.75 Additional Fee required	
33823	USA	33823	USA ·	CERTIFICATI	F OF STATUS DESIRED L	for a Certificate of Status)	
		7. Name a	nd Address of Current F	Registered Agent			
•	Name	DEBBOOL II					
	WILLIAM M. VAN Street Address (P.O. Box Number is Not		X.				
610 Magnolia Avenue							
•	Suite, Apt. #, Etc.						
	City				State Zip Code		
	Auburndale				FL 33823		
9. Names	HIG s and Street Addresses of Each Officer and/o		AUST SIGN onprofit corporations must	list at least 3 directors)	the transportation was transportation and the second	Tank figure on the second of the figure of t	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
D	William M. Vanderpool,	Jr. 610	610 Magnolia Avenue		Auburndale,	FL 33823	
D	Kimberly Vanderpoòl	610) Magnolia Ave	nue	Auburndale,	FL 33823	
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40	the blood by an angular transfer of the same of the sa					The second secon	
	ify that I am an officer or director or the receive instatement application, the reason for disso						
	by the corporation have been paid and the nais application is true and accurate, and my sign				der section 119.07(3)(i), F	S. The information indicated	

William M. Vanderpool, Jr.



H.C.D. Infusion Care, Inc. 610 Magnolia Avenue Auburndale , Florida 33823

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Reinstatement of Corporation

for H.C.D. Infusion Care, Inc. a Florida corporation (the "Corporation"),

Document #P96000098058

To Whom It May Concern:

I, as director of H.C.D. Infusion Care, Inc., request that you waive the delinquency penalty for the late filing of the Corporation's annual report based on reasonable cause and good faith.

We changed the location of our corporate offices and neglected to send notice of the change of address to the Department of State. Therefore, the Corporation did not receive the notice to file the annual report. However, since receiving notice from you that the Corporation has been administratively dissolved, we have taken appropriate steps to get the entity reinstated and, more importantly, have learned of the importance of the annual filing requirements. From this time onward, the Corporation shall timely file and pay the annual reporting fees. Therefore, based on the foregoing, I request that the Department of State waive the late filing penalty.

If you have any questions or concerns, please do not hesitate to contact Butch Vanderpool at (863) 965-8510.

Sincerely,

H.C.D. INFUSION CARE, INC. a Florida Corporation

William M. Vanderpool, Jr., its Director





ACCOUNT NO. : 072100000032

REFERENCE :

70340 82866A

AUTHORIZATION

ricia Thout

COST LIMIT :

\$ 300.00

ORDER DATE: March 8, 2001

ORDER TIME : 10:09 AM

ORDER NO. : 070340-005

CUSTOMER NO: 82866A

600003818686--6

CUSTOMER: Ms. Nikole Garcia

Clark & Campbell, P.a.

4740 Cleveland Heights Blvd

Lakeland, FL 33813

DOMESTIC FILINGS

NAME: H.C.D. INFUSION CARE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS

OT MAR -8 MID: 49