

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP -5 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043848

1. Corporation Name

Coordinated Patient Care, Inc

9000007631039--1
-09/10/02--01037--028
****900.00 ****900.00

2. Principal Office Address

1600 State Rd 7

Suite, Apt. #, etc.

Suite 200

City & State

Lauderhill, FL

Zip

33313

Country

US

3. Mailing Office Address

1600 State Rd 7

Suite, Apt. #, etc.

Suite 200

City & State

Lauderhill, FL

Zip

33313

Country

US

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/14/1997

5. FEI Number

650800127

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE ADDITIONAL FEE SCHEDULE
FOR A CERTIFICATE OF STATUS

7. Name and Address of Current Registered Agent

Name

W. Earl Hall

CONRAD & Scherer, LLP

Street Address (P.O. Box Number is Not Acceptable)

633 South Federal highway PO box 14723

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33302

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

W. Earl Hall

Date

8/29/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/V/P/S	Maxine Hamilton	10721 London St	Cooper City/ FL/ 33026

10. 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:

W. Earl Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/02

Date

954-463-3804

Daytime Phone #

9/17/02