

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000056457

1. Corporation Name

PROFESSIONAL HEALTHCARE SERVICES, INC.

Principal Place of Business

Mailing Address

525 SE 6TH AVE  
DELRAY BEACH FL 33483

1903 S CONGRESS AVE  
400  
BOYNTON BCH FL 33426  
US

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

2. New Principal Office Address, If Applicable  
2500 Quantum Lakes Drive

3. New Mailing Office Address, If Applicable  
2500 Quantum Lakes Drive

Suite, Apt. #, etc.  
Suite 1000

Suite, Apt. #, etc.  
Suite 1000

City & State  
Boynton Beach, FL

City & State  
Boynton Beach, FL

Zip 33426 Country U.S.A.

Zip 33426 Country U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/26/1997

SP

5. FEI Number

65-0713589

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DCP	PUSATERI, DANA	2500 Quantum Lakes Dr. #1000 <del>10323 EL CABALLO CT</del>	DELRAY BEACH FL 33446 Boynton Beach, FL 33426
ST	KOBRIN, ARTHUR P	<del>1903 S CONGRESS AVE #400</del> 2500 Quantum Lakes Dr. #1000	BOYNTON BCH FL 33426
EVP	DAVIS, NICHOLAS E III	<del>1903 S CONGRESS AVE #400</del>	<del>BOYNTON BCH FL 33426</del>
			300003514739--7 -12/27/00--01075--012 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, E NICHOLAS III  
1903 S CONGRESS AVE  
#400  
BOYNTON BCH FL 33426

Name  
Rodger L. Hochman  
Street Address (P.O. Box Number is Not Acceptable)  
2500 Quantum Lakes Drive  
Suite, Apt. #, Etc.  
Suite 1000  
City  
Boynton Beach  
State  
FL  
Zip Code  
33426

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

Date 12/8/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Kobrin

Date

Daytime Phone #

561-742-5000