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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 10 PM 4:38

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000062640 Fiscal Healthcare, Inc.

2. Principal Office Address	3. Mailing Office Address
2025 Indian Rocks Road	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, FL	City & State
Zip: 33774 Country: USA	Zip Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 07/21/97

5. FEI Number: 593459525 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Darrell M. Lentz

Street Address (P.O. Box Number is Not Acceptable): 2025 Indian Rocks Road

Suite, Apt. #, Etc.

City: Largo State: FL Zip Code: 33774

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: Darrell M. Lentz Date: 10-4-2007

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	William C. Hulley, III. DO	2025 Indian Rocks Road	Largo, FL 33774
T	Robert C. George	2025 Indian Rocks Road	Largo, FL 33774
S	Claude Sullivan, Jr.	2025 Indian Rocks Road	Largo, FL 33774
	REINSTATEMENT 06-07 B 12/12/07		

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 contained in Chapter 119, 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: Robert C. George 10/4/7 727-581-9474

SIGNATURE AND TYPED OR PRINTED NAME OF ☐ OFFICER OR DIRECTOR Date Daytime Phone #

FL010 - 01/04/2006 C T System Online

Florida Department of State

Division of Corporations
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please check on this - need evidence

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CORPORATION REINSTATEMENT

FISCAL HEALTHCARE, INC.

Certificate of Status	0
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