

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000087274

1. Corporation Name

HEALTHCARE MANAGEMENT, INC.

Principal Place of Business

14810 S.W. 90TH TERRACE
MIAMI FL 33196

Mailing Address

14810 S.W. 90TH TERRACE
MIAMI FL 33196

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

2. New Principal Office Address, If Applicable

11812 S.W. 8TH ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33025

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1997

5. FEI Number

65-0790843

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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

Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
1						
7/P		FAYE E. MCGANN		11812 S.W. 8TH ST PEMBROKE PINES FL		PEMBROKE PINES FLORIDA, 33025
5/P		R. LOUIS MCGANN		11812 S.W. 8TH ST		PEMBROKE PINES FLORIDA, 33025

8. Name and Address of Current Registered Agent

MCGANN, R. LOUIS
14810 S.W. 90TH TERRACE
MIAMI FL 33196

9. Name and Address of New Registered Agent

Name
R. LOUIS MCGANN
Street Address (P.O. Box Number is Not Acceptable)
11812 S.W. 8TH ST
Suite, Apt. #, Etc.
1

City
PEMBROKE PINES

State
FL

Zip Code
33025

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

[Signature]
REGISTERED AGENT MUST SIGN

Date: 8/11/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Faye E. McGann

Faye E. McGann 8/11/99 (954) 441-5105