

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 PM 6:52

DOCUMENT # **P97000091239**

1. Corporation Name

**INFORMED CARE, INC.**

Principal Place of Business

217 N. WESTMONTE DR  
SUITE 3023  
ALTAMONTE SPRINGS FL 32714

Mailing Address

217 N. WESTMONTE DR  
SUITE 3023  
ALTAMONTE SPRINGS FL 32714

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-10/26/01--01071--015

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**REINSTATEMENT** 01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1997

5. FEI Number

59-3498294

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RICHMAN, BARRY	2132 WOODBRIDGE LOOP	LONGWOOD FL 32779
D	KEROUAC, MICHAEL	1074 AMBER RIDGE RD.	CHARLOTTESVILLE VA 22901
<del>D</del>	<del>GEORGE, CARL</del> <i>VG ID/DELETE</i>	<del>301 4TH AVE, STE. #7800</del>	<del>MINNEAPOLIS MN 55415</del>
<del>S</del>	<del>TREMBLAY, GEORGE P</del>	<del>1731 VALLEY FORGE AVE</del>	<del>FT COLLINS CO 80520</del>
	<i>Tremblay, George P</i>	<i>15869 NCR 25 E</i>	<i>Loveland, CO 80538</i>

8. Name and Address of Current Registered Agent

RICHMAN, BARRY  
2132 WOODBRIDGE LOOP  
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*10/11/01*

AD

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

Date

Daytime Phone #

*10/11/01* *4078657134*

CR2E040 (8/01)