

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 18 AM 8:00

REINSTATEMENT **03**

DOCUMENT # **P98000009077**

1. Corporation Name

HEALTHSCIENCE, INCORPORATED

Principal Place of Business

Mailing Address

~~4747 W WATERS AVE~~
~~#2105~~
~~TAMPA FL 33614~~

~~070 JOE BROWN HEALTH SCIENCE~~
~~4721 RUE BORDENAU~~
~~LOUZE FL 33568~~



100024795731
11/18/03- 01020--015 **758.75

MRD

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

2. New Principal Office Address, If Applicable

AETNA - TAMPA

Suite, Apt. #, etc.

Woodland Corporate Center

City & State

4630 Woodland Corporate Blvd

Zip

TAMPA, FL 33614

Country

3. New Mailing Office Address, If Applicable

c/o Ruth Tyber, RN

Suite, Apt. #, etc.

14505 Nettle Creek Rd

City & State

TAMPA FL

Zip

33624

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1998

5. FEI Number

59-3493248

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	RAFORD, LINDA	11262 CONIFER MOUNTAIN RD	CONIFER CO 80433
D	RAFORD, PAUL	C/O AETNA - TAMPA 4747 W WATERS AVE #2105 4630 Woodland Corp Blvd	TAMPA FL 33568 33614

8. Name and Address of Current Registered Agent

RAFORD, PAUL
~~4747 W WATERS AVE~~
~~#2105~~
~~TAMPA FL 33614~~

c/o AETNA - TAMPA
4630 Woodland Corp Blvd
TAMPA, FL 33614

9. Name and Address of New Registered Agent

Name

PAUL RAFORD

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

c/o Ruth Tyber, RN

Suite, Apt. #, Etc.

14505 Nettle Creek Rd

City

TAMPA

State

FL

Zip Code

33624

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. or 617.0505, F.S.

Signature of
Registered Agent

Paul Raford

REGISTERED AGENT MUST SIGN

Date **11-9-03**

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:

Linda Raford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA RAFORD 11-9-03

Date

Daytime Phone #

CR2E040 (7/03)