

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

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FILED

01 JUN -7 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000014876

1. Corporation Name

HEALTH SYSTEMS AMERICA MANAGEMENT CO.

2. Principal Office Address

555 S.W. 148 Avenue

Suite, Apt. #, etc.

Suite 121

City & State

Sunrise, FL

Zip

33325

Country

USA

3. Mailing Office Address

555 S.W. 148 Avenue

Suite, Apt. #, etc.

Suite 121

City & State

Sunrise, FL

Zip

33325

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

February 13, 1998

5. FEI Number

65-0813817

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

Suite 121

City

Tallahassee

State

FL

Zip Code

32301

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

as its agent
BRIAN COURTNEY, ASST. VP.
REGISTERED AGENT MUST SIGN

Date

6/7/01

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
PD	Piercey, Michael C.	555 S.W. 148 Avenue #121	Sunrise, FL 33325
VSTD	Llano, Manuel R.	555 S.W. 148 Avenue #121	Sunrise, FL 33325

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 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:

Manuel R. Llano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel R. Llano

6/6/01

Date

(954) 915-0474

Daytime Phone #

CR2E081 (9/00)