

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P98000025289

1. Corporation Name

JACKSONVILLE HEALTH CARE SYSTEMS, INC.

FILED
DEC 28 AM 8:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
9471 BAYMEADOWS ROAD SUITE 108 9471 BAYMEADOWS ROAD SUITE 108
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/18/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0821128	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SCHOENBORN, MARK DC	9471 BAYMEADOWS ROAD SUITE 108	JACKSONVILLE FL 32256
VP	DOLL, CHARLES	" "	" "
			300004743193--4
			-12/28/01--01081--001
			****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GREEN, MITCHELL F 4000 HOLLYWOOD BLVD SUITE 485 SOUTH HOLLYWOOD FL 33021		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

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: _____ 10/15/01 (904) 739-2884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A series of hand-drawn stars of various sizes are scattered along the left margin of the document.

Jacksonville Healthcare Systems, Inc. *val²*

9471 Baymeadows Road, Suite 108
Jacksonville, Florida 32256

Telephone (904) 739-2884
Facsimile (904) 739-8154

Dear Michelle Milligan

Per our conversation today Jacksonville Healthcare Systems Inc. and DR. Schoenborn did not receive a notice from the Florida Department of State, Division of Corporation, until 10/15/01 on which time we immediately sent with check # 6174 for \$150.00 to renew the Corporation, please reconsider.

Sincerely,

Jacksonville Healthcare Systems Inc.

B. Brown
12/12/01