

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
02 JAN 22 AM 11:58

DOCUMENT # P98000037553

1. Corporation Name

MARION HEALTH CENTER, INC.

Principal Place of Business

18552 KINGBIRD DRIVE
LUTZ FL 33549

Mailing Address

18552 KINGBIRD DRIVE
LUTZ FL 33549



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

2. New Principal Office Address, If Applicable

3423 E. Silver Springs

Suite, Apt. #, etc.

Bld #5

City & State
OCALA FL

Zip
34470

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

04/23/1998

5. FEI Number

59-3504092

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	ANTHOUSIS, KAY	18552 KINGBIRD DRIVE	LUTZ FL 33549
			300004798633--3 -01/25/02--01076--010 ****150.00 ****150.00
			300004798633--3 -01/25/02--01076--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ANTHOUSIS, KAY
18552 KINGBIRD DRIVE
LUTZ FL 33549

9. Name and Address of New Registered Agent

Name Christina Stylianou
Street Address (P.O. Box Number is Not Acceptable) 2455 Silver Springs Blvd
Suite, Apt. #, Etc. 18552 Kingbird Dr
City Lutz FL State FL Zip Code 33558

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

REGISTERED AGENT MUST SIGN

Date

12/10/01

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
Kay Anthousis

Date

Daytime Phone #

(813)
10/10/01 9640801

CR2E040 (8/01)