

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200008829342
11/06/02--01071--008 **150.00



DOCUMENT # P98000050287

1. Corporation Name

VITAL CARE OF NORTH FLORIDA, INC.

Principal Place of Business

301 NE MARION ST
MADISON FL 32340

Mailing Address

301 NE MARION ST
MADISON FL 32340

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

Suite, Apt. #, etc.

2711 "A" Killarney Way
City & State
Tallahassee, FL

Suite, Apt. #, etc.

2711 "A" Killarney Way
City & State
Tallahassee, FL

Zip 32309

Country US

Zip 32309

Country US

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1998

5. FEI Number

59-3516879

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
P	DAVIS, WILBURN T III	RT. 1 BOX 77-A	GREENVILLE FL 32331

8. Name and Address of Current Registered Agent

HALEY, WILLIAM J
10 NORTH COLUMBIA ST
LAKE CITY FL 32055

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-29-02

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.

Wilburn T. Davis III

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 (850) 668-9109

CR2E040 (8/02)

**VITAL CARE OF NORTH FLORIDA
D/B/A THE MEDICINE SHOPPE**

2711 "A" Killarney Way
Tallahassee, FL 32309
(850) 668-9109

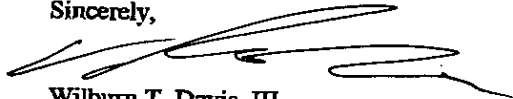
October 25, 2002

To Whom It May Concern,

This letter is in reference to our corporation status being revoked due to not completing and returning the necessary UBR notice originally due in May of 2002. Please note I did not receive the initial UBR notice possibly due to the notice being sent to an incorrect address. The correct address for Vital Care of North Florida, Inc. is 2711 "A" Killarney Way, Tallahassee, FL 32309.

If you have any questions or need further information, please call.

Sincerely,



Wilburn T. Davis, III
President