PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000077911

1. Corporation Name

HEALTHESSENTIALS OF FLORIDA P.A.

Principal Place of Business	Mailing Address
2191 9TH AVE NORTH.STE.100 ST.PETERSBURG FL 33713	~~2191 9TH AVE NORTH.STE.100~~ ~~ST.PETERSBURG FL 33713~~

REINSTATEMENT 2000

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.	9721 ORMSBY STATION RD Suite, Apt. #, etc. SUITE 101	08/27/1999
City & State	City & State LOUISVILLE KY	5. FEI Number 31-1666506 ☐ Applied For ☐ Not Applicable
Zip / Country	Zip 40223 / Country JEFFERSON	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
PRES.	MALCOLM FRASER, MD	2191 9TH AVE NORTH STE 100	ST. PETERSBURG, FL 33713
CFO	NORMAN J. PFAADT	9721 ORMSBY STATION RD. SUITE 101	LOUISVILLE KY 40223

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM John J. Linnihan, Asst. V.P.
1200 SO. PINE ISLAND RD.
PLANTATION FL 33324

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.

Signature of Registered Agent John J. Linnihan REGISTERED AGENT MUST SIGN Date October 16, 2000

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: N Pfaadt NORMAN J. PFAADT 10/13/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CHIEF FINANCIAL OFFICER