1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 31 PM 3:40

DOCUMENT # P99000077911

1. Corporation Name

HEALTHESSENTIALS OF FLORIDA, P.A.

500004764895--6
-01/10/02--01040--009
****750.00 ****750.00

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
2191 9TH AVE NORTH	9721 Ormsby Station Rd.
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. Suite 101
City & State ST. PETERSBURG, FL	City & State Louisville, KY
Zip 33713 Country U.S.	Zip 40223 Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 8/27/1999

5. FEI Number 31-1666506 ☐ 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: C.T. CORPORATION SYSTEM

500004764895--6
-01/10/02--01040--008
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 1200 So. PINE ISLAND RD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E051 (8/00)

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
PRES.	MALCOLM FRASER, MD	2191 9TH AVE NORTH, SUITE 100	ST. PETERSBURG, FL 33713
C.F.O.	NORMAN J. PFAADT	9721 ORMSBY STATION RD. SUITE 101	LOUISVILLE KY 40223

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: NORMAN J. PFAADT 12/27/01 (502)429-7778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

253

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000077911

1. Corporation Name
HEALTHESSENTIALS OF FLORIDA, P.A.

2. Principal Office Address	3. Mailing Office Address
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Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. Suite 101
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4. Date Incorporated or Qualified To Do Business in Florida 8/27/1999

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6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C.T. CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 So. PINE ISLAND RD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, ~~Susan J. Metze~~ Assistant Secretary accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Susan J. Metze Assistant Secretary Date: 12-27-01

REGISTERED AGENT MUST SIGN Susan J. Metze

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	MALCOLM FRASER, MD	2191 9TH AVE NORTH, SUITE 100	ST. PETERSBURG, FL 33713
C.F.O.	NORMAN J. PFAADT	9721 ORMSBY STATION RD. SUITE 101	LOUISVILLE KY 40223

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: NORMAN J. PFAADT 12/27/01 (502)429-7778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (8/00)

3053

HealthEssentials, Inc.
9721 Ormsby Station Road, Suite 101
Louisville, Kentucky 40223
Phone (502) 429-7778
Fax (502) 429-4557

December 27, 2001

Dept of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find our check 9832 in the amount of $750.00 to reinstate HealthEssentials of Florida, P.A. for 2001. Also enclosed is check 9833 in the amount of $150.00 for reinstatement for 2002.

If you have any questions regarding this matter, please call me at (502) 429-7778.

Sincerely,

Norman J. Pfaadt
Chief Financial Officer