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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 31 PM 3:40

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000077911

1. Corporation Name

HEALTHESSENTIALS OF FLORIDA, P.A.

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

2. Principal Office Address

2191 9TH AVE NORTH

3. Mailing Office Address

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

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 617.0803, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

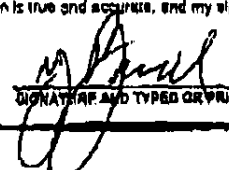
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2053

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 2191 9TH AVE NORTH Suite, Apt. #, etc. SUITE 100 City & State ST. PETERSBURG, FL Zip 33713 Country U.S.		3. Mailing Office Address 9721 ORMSBY STATION RD. Suite, Apt. #, etc. SUITE 101 City & State LOUISVILLE, KY 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 ☐ 20.00 Amount must be paid with this certificate.			
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. Metzler, do hereby certify that I am a resident of the State of Florida and that I am qualified to perform the duties of a registered agent under the provisions of section 607.0305 or 617.0803, F.S.			
Signature of Registered Agent Susan J. Metzler		Assistant Secretary Date 12-27-01	
REGISTERED AGENT MUST SIGN SUSAN J. METZLER			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	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 corporation 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)(c), 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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	12/27/01 (502)429-7778

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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,

A handwritten signature in black ink, appearing to read 'N. Pfaadt', is written over the printed name and title.

Norman J. Pfaadt
Chief Financial Officer