PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *~ P99000082374

1. Corporation Name

CERTUS HEALTH MANAGEMENT, INC.

Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE TALEBHASSEE. FLORIDA

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If almove s	addresses are	incorrect in any way, line	through incorrect in	nformation and	d enter correction below.	EINS	IATEMENT 2000
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili						Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			09/17/1999 Applied For
City & State			City & State	City & State] <u>5</u> 7-	354 1010 Not Applicable
Zip Country		Zip	Zip Country		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad		and/or Director (Flo	orida nonprofit	corporations must list at le		
Title(s) Name of Officers and/or Directors 2			Street Address of Ea Officer and/or Direct			City / State / Zip	
D	PATEL, PRADIP C			6800 NORTH DALE MABRY HIGHWAY #2			TAMPA FL 33614
					5000034729553		
٤							****750.00 ****750.00
	<u> </u>						TR
	8. Nan	ne and Address of Curre	ent Registered Age	ent	nt 9. Name and		Address of New Registered Agent
PATEL, SANDIP I ESQ.					SANDIP I. PATEL ESQUINE		
C/0	PATEL & O	CONNOR, P.A.	•	 .	Street Address (P.O. Box Number is Not Acceptable) OBOO NOTHO DOLLE MADRY HUY Suite, Apt. #, Etc.		
2240 BELLEAIR ROAD #160					Suite, Apr. #, Etc. Suite 208		
CLEARWATER FL 33764					City_Tar	State Zioccode FL SSUIL	
10. I, bein Signature Registered	of	ne registered agent of the	above named corp		miliar with and accept the	obligations of Sect	tion 607.0505, F.S. Date 10/24/00
this rei	nstatement ap	oplication, the reason for oution have been paid and	dissolution has beer the names of individ	n eliminated, t duals listed or	he corporate name satisfie	s the requirement or an exemption un	apter 607 or 617, F.S. I further certify that when filing s of section 607.0401 or 617.0401, F.S., that all fees older section 119.07(3)(i), F.S. The information indicated

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