

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 14 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S63294

1. Corporation Name

Southeastern Health Care Management, Inc.

2. Principal Office Address

5231 NOVA ROAD

Suite, Apt. #, etc.

City & State

PORT ORANGE FL

Zip

32127

Country

USA

3. Mailing Office Address

P.O. Box 291997

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32129-1997

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUN 21, 1991

5. FEI Number

59-3072473

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

Theodore S. Klein

Street Address (P.O. Box Number is Not Acceptable)

88 N.E. 168 Street

Suite, Apt. #, Etc.

City

North Miami Beach,

State

FL

Zip Code

33162

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

REGISTERED AGENT MUST SIGN

Date 1/4/01

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
P	STEPHEN E. JOHNSON	5231 NOVA ROAD	PORT ORANGE, FL 32127
S/T	JOHN W. TROST	5231 NOVA ROAD	PORT ORANGE, FL 32127

REINSTATEMENT 99-01, TC

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

1/20/01

Daytime Phone #

904-756-5557

CR2E081 (9/99)