PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 17 AM 10:33

DOCUMENT # S79717

1. Corporation Name

ANASTASIA MEDICAL AND BEHAVIORAL SERVICES INC.

Principal Place of Business	Mailing Address
100 ANASTASIA BLVD ST. AUGUSTINE FL 32086 US	100 ANASTASIA BLVD ST. AUGUSTINE FL 32086 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/1991

5. FEI Number: 59-3092760 — Applied For / Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COHEN, ABRAHAM	100 ANASTASIA BLVD	ST AUGUSTINE FL
D	COHEN, JUNE B.	100 ANASTASIA BLVD	ST AUGUSTINE FL
D	HARRIS, JEAN C M.D.	~~113 INLET DR.~~ 100 Anastasia Blvd.	ST. AUGUSTINE FL 32080
			800004739588--6 -12/26/01--01088--010 ****158.00 ****150.00

8. Name and Address of Current Registered Agent

~~COHEN, ABRAHAM~~
~~113 INLET DR~~
~~ST. AUGUSTINE FL 32084~~
June B Cohen
100 Anastasia Blvd
St. Augustine, FL 32080

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

CR2E040 (8/01)

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.

X Abraham Cohen Ph.D. Asst. Clinical Director

Signature of Registered Agent X June B. Cohen, Admin Dir. Date 10/17/01

REGISTERED AGENT MUST SIGN

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: Jean C. Harris MD — 10/17/01 — (904) 825-1288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(1)

Anastasia Medical & Behavioral Services, Inc.

100 Anastasia Blvd.
St. Augustine, Florida 32084
(904) 825-1288 • (904) 824-9664 • Fax (904) 823-9109

Nov. 15, 2001

Jean C. Harris, M.D.,
Medical Director
Board Certified in
Internal Medicine
#ME0070989

Abraham Cohen, Ph.D., A.B.P.P.,
Clinical Director
Licensed Clinical Psychologist
#PY-0003158

June B. Cohen, LCSW,
Administrative Director
Licensed Clinical Social Worker
#SW0002033

Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, Florida 32314

re: Anastasia Medical and Behavioral Services, Inc.
100 Anastasia Blvd.
St. Augustine, Fl 32080
reference # S79717

Attention: Mr. Toner:

The explanation for not submitting the renewal on time is that we did not receive the form in due time. Also, there has been a misunderstanding related to the kind of corporation we need. It is our understanding that presently we are renewing for a "C" Corporation, and not an "S" Corporation. Our accountant, Kenneth Kresge, may have applied for an "S" corporation, which we do not want. Please reinstate our original corporation.

Very truly yours,

June B. Cohen — June B Cohen, MACSW, LCSW, BCD

Abraham Cohen — Abraham Cohen, Ph.D, ABPP

Jean C Harris Letto MD — Jean C. Harris, M.D.

Enc: 4

(2)

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Reinstatement Division
P.O. Box 6327
Tallahassee, FL 32314

Mr. Toner:

Enclosed please find the form to reinstate our for profit Corporation. We wish to change the registered agent to June B. Cohen. Also, please find a check in the amount of 150.00, and a check for $61.25 for the filing fee for the current year, and a check for $88.75 corporate supplemental fee for the current year.

Very truly yours

June B Cohen, ACSW, LCSW, BCD
Abraham Cohen Ph.D., ABPP.
Jean C Harris Letts MD