	PLEASE REAL	ALL INSTRU	JCTIONS BE	FORE C	OMPLETING TH	IS FORM.	
APPLICATION FLORIDA DEP			PARTMENT OF STATE		FILED		
REINSTATEMENT Sec			retary of State N OF CORPORATIONS		99 OCT 22 PM 1: 34		
DOCUN 1. Corporati	1/ 2// / 2	• •		··· · · · · · · · · · · · · · ·	SECRETAI TALCAHAS	RY OF STATE SEE, FLORIDA	
HealthCare	USA, Inc.						
1200 River	ce of Business rplace Boulevard, Suite 500 le, Florida 32207		ng Address		DELLOTAT	FASTATE MA	
If above add 2. New Princ	dresses are incorrect in any way, line Apal Office Address, If Applicab	through incorrect information 3. New Mailing	ition and enter correcti Address, If Applica	on below. able	4. Date incorporated or C To Do Business in Flor	Qualified August 12, 1992	
Sulte, Apt. #,	, etc.	Suite, Apt. #, e	Sulte, Apt. #, etc.		5. FEI Number	8-00 -21 ->>2	
City & State		City & State			59-3138325	Applied For Not Applicable	
Zip	Country	Zip	Count	у			
7. Names an	d Street Addresses of Each Of		Florida nonprofit o	orporations n	nust list at least 3 Directors	)	
Title(s) Name of C and/or Dir 1 2		rectors	Street Address Officer and/or 3 (Do NOT Use Post Office		or Each Director be Box Numbers)	City/State/Zip	
	Please See Attached						
		-			70000 -10	130267671 /27/9901080020	
				<u> </u>	<b>*</b> :	*****8 75 *******8 75	
		<del></del>			20000	30267671	
****					-10/27/9901080021 ****750,00 ****750.00		
•				· · · · · · · · · · · · · · · · · · ·			
	8. Name and Address of C	Current Registered Ag	ent	<del>'T`                                    </del>	9. Name and Address	s of New Registered Agent	
ls. Davina				Name CT Con	Name CT Corporation System		
8705 Perimeter Park Boulevard Suite 5				Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
lacksonville, Florida 32216				Sulte, Apt. #, Etc.			
				Plantati	on	State Zip Code FL 33324	
	ppointed the registered adented	of the above named c	orporation, am fam	illar with and	accept the obligations of		
Signature of Registered A	gent W/	Charles F. REGISTERED AG		sst. Sec	C.V. Date	October 21, 1999	
	oes this corporation pa ept. of Revenue under			Yes	No O	See other side for information on intangible tax.)	
lease the Di certify that I this reinstate	ivision of Corporations from any liabl arn an officer or director or the recei ement application the reason for disc	lity of non-compliance wi iver or trustee empowere solution has been elimina	th Section 119.07(3)(k d to execute this appli ited, the corporate har	i) in the event the cation as providing satisfies the	hat the information supplied in ded for in chapter 607 or 617, i requirements of section 607.0 te, and my signature shall have	n 119.07(3) (k), Fiorida Statutes. I re- deemed exempt from public access.! F.S. I further certify that when filing 401 or 617.0401, F.S., and that all siths same legal effect as it made	
IGNATURE:	SIGNATURE AND TYPED OR PRINTE	MIC SHIP	LEY R. SMIT	t†	October 20, 1999 Date	(301) 581-0600 Daytime Phone #	

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		*^	200
		w	

Allen F. Wise

6705 Rockledge Drive, Suite 900, Bethesda, MD 20187

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Claudia Bjerre

Glenn J. Davis

6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

100 South Fourth Street, Suite 1100, St. Louis, MO 63102

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## Officers:

Claudia Bjerre 100 South Fourth Street, Suite 1100, St. Louis, MO 63102

President and Chief Executive Officer

Harvey C. DeMovick, Jr. 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817 Executive Vice President

Thomas P. McDonough 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817 Executive Vice President

Dale B. Wolf 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817 Vice President and Assistant Treasurer

Glenn J. Davis 100 South Fourth Street, Suite 1100, St. Louis, MO 63102 Vice President, Treasurer and Assistant Secretary

Bruno Littleton 1200 Riverplace Blvd., Suite 500, Jacksonville, FL 32207 Chief Financial Officer

John J. Ruhlmann 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817 Corporate Controller

Michael J. Burgoyne 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

Assistant Treasurer

Shirley R. Smith 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817 Secretary