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# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000004018				 05 OCT -1 PM 3:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 05	
1. Entity Name HEALTHCORP INTERNATIONAL, INC.					
Principal Place of Business 701 HIGHLANDER BLVD. #500 ARLINGTON, TX 76015		Mailing Address 701 HIGHLANDER BLVD. #500 ARLINGTON, TX 76015		 40062005 REIN-P CR2E098 (6/04)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 75-2442690	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATOSIC, PAUL A 20680 FRUITFUL DR. ESTERO, FL 33928				7. Name and Address of New Registered Agent Name: <u>DRAI Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2731 Executive Park Dr., Ste 4</u> City: <u>Weston</u> FL Zip Code: <u>33331</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>by: Lisa Brown, Assist Sec. 10/7/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WOOD, JAMES C 701 HIGHLANDER BLVD. #500 ARLINGTON, TX 76015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100060918711 10/25/05--01030--003 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS MILLER, MARYANN 701 HIGHLANDER BLVD. #500 ARLINGTON, TX 76015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NIX, LOIS 701 HIGHLANDER BLVD. #500 ARLINGTON, TX 76015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lisa A. Nix, Dir. Trsr. 10-10-05 (817) 468-0400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



HealthCorp International, Inc.

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Florida Department of State  
Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
(850) 245-6056

Re: HealthCorp International, Inc.

Dear Sir or Madam,

This letter is response to the Notice of Dissolution received on October 7, 2005 regarding the above company. While we understand it is the entity's responsibility to file the annual report, we did not receive notification of the date to submit this documentation. In any case, enclosed are the completed reinstatement form and the appropriate filing fees.

For our records, we are requesting that written notification be sent confirming that this request has been processed. Please send any correspondence to Lois Nix at the below address or via email to [loisn@iabusa.com](mailto:loisn@iabusa.com).

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrea Brown", written over a horizontal line.

Andréa Brown  
Executive Assistant