

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED *pg 1 of 2*

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

97 FEB 28 PM 3:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N26038**

1. Corporation Name  
**UNIVERSITY PHYSICIANS PAVILION ASSOCIATION, INC**

Principal Place of Business <b>ONE PARK PLAZA NASHVILLE TN 37203</b>	Mailing Address <b>P.O. BOX 570 ATTN: TAX DEPT. NASHVILLE TN 37202</b>
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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 <b>ATTN: LEGAL DEPT. P.O. BOX 750 NASHVILLE TN 37202</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>04/22/1988</b>	
Suite, Apt. #, etc.		City & State		5. FEI Number <b>NOT APPLICABLE</b>	
City & State		Country <b>USA</b>		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	<del>NEWMAN, ROBERT L.</del> Cruickshank, James	7201 N. UNIVERSITY DR.	TAMARAC FL
D	<del>BUGA, MICHAEL-</del> Melby, Larry	7201 N UNIVERSITY DR	TAMARAC FL
D	JENNESSE, MICHAEL A	7201 N. UNIVERSITY DR.	TAMARAC FL

**REINSTATEMENT**  
 500002101645--1  
*1996-97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEWMAN, ROBERT L.  
 7201 N. UNIVERSITY DRIVE  
 TAMARAC FL 33321

Name  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**  
 Suite, Apt. #, Etc.  
 City **TALLAHASSEE** State **FL** Zip Code **32301**

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.

Signature of Registered Agent *Deborah D. Skipper* **DEBORAH D. SKIPPER, AS AGENT** Date **2-28-1997**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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]* Date **2/21/97** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (7/95)

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ACCOUNT NO. : 072100000032

REFERENCE : 277531 5012441

AUTHORIZATION : *Patricia Pijet*

COST LIMIT : \$ 297.50

ORDER DATE : February 28, 1997

ORDER TIME : 1:16 PM

ORDER NO. : 277531-010

CUSTOMER NO: 5012441

CUSTOMER: Ms. Melinda Lampkin  
Columbia/hca Healthcare  
1 Park Plaza  
P.o. Box 550  
Nashville, TN 37202-0550

DOMESTIC FILINGS

NAME: UNIVERSITY PHYSICIANS PAVILION  
ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett  
EXAMINER'S INITIALS

*D. Leggett*  
2/28/97

UNIVERSITY PHYSICIANS PAVILION ASSOCIATION, INC.