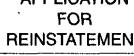
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS**

97 FEB 28 PM 3: 02

SECRETARY OF STATE





N26038 DOCUMENT #

UNIVERSITY PHYSICIANS PAVILION ASSOCIATION, INC					TÄLLAHASSEE, FLÖRIDA				
•			Mailing Address			I MANINAL DIN MAKA ANKI ANION KINDI KANI DEBIK DINIM ANDIO ANIM OKANI DIKAN			
ONE PARK PLAZA NASHVILLE TN 37203		P.O. BOX 570 ATTN: TAX DEPT. NASHVILLE TN 37202							
	addresses are incorrect in any way, line th								
	ncipal Office Address, If Applicable	3 New Martin	g Office Address,	Applicable T	Date Incorporated or Qualified To Do Business in Florida 04/22/1988				
Suite, Apt.	#, etc.	Ogite Apt. #	Bux 751	<b>b</b>	5. FEI Numbe	er ALOT ABBUILDADI T		Applied For	
City & State	9	NASHILLE		TN	the state of the s		Not Applicable		
Zip Country		37202 Country		"USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Addresses of Each Officer and	I/or Director (Flori	ida nonprofit corpo		ast 3 directors)		<del></del>		
Title(s)	Name of Officers and/or Directors 2		Si C 3 (Do NOT U	reet Address of Eac fficer and/or Directo Ise Post Office Box	h r Numbers)	4	ity / State / Z	Sip	
D	NEVIMAN, ROBERT t.~ Cruickshank, Jame	7201 N. UNIVERSITY DR.			TAMARAC FL				
D	BUGA, MICHAEL- Melby, Larry		7201 N UNIVERSITY DR			TAMARAC FL			
D	JENNESSE, MICHAEL A		7201 N. UNIVERSITY DR.			TAMARAC FL	(	a.alan 2-289	
							NT	946-9	
					REINS	1 <b>AIEME</b>	0164	↓S1	
					-				
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
NEWMAN, ROBERT L.				Name					
	N. UNIVERSITY DRIVE		Street Archess (P.O. Box Number is Not Acceptable)						
	VRAC FL 33321			Suite, Apt. #, Etc		SIFER			
				CHYTALL	AHASSI	EE	State Zip	5230/	
10. I, bein	g appointed the registered agent of the at	ove named corpo	ration, am familiar	with and accept the	obligations of Sec	tion 607.0505, F.S.	<u>, , , , , , , , , , , , , , , , , , , </u>		
Signature of Registered		RIPPLY DEI		KIPPER, AS	AGENT	Date2-28	-1997		
					<u> </u>			<u></u>	
11. DO	oes this corporation pay	any intang	ible tax to t	ne	Ծմ ⊏	(See o	ther side for	Information	

Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ⊬∆JNo LJ

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 filling 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 anothe 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



ACCOUNT NO. : 072100000032

5012441

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 PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS