1/2

H07000022044

FILED
07 JAN 25 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000001931

1. Entity Name
KELSON PHYSICIAN PARTNERS OF SAWGRASS, INC.

REINSTATEMENT 0607

Principal Place of Business	Mailing Address
4620 N. STATE ROAD 7, BLDG. H, STE 316 LAUDERDALE LAKES, FL 33319	C/O KELSON PHYSICIAN PARKTERS, INC 90 STATE HOUSE SQUARE, 10TH FLOOR HARTFORD, CT 06103

01222007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3300 S. Parker Road		3300 S. Parker Road	
Suite, Apt. #, etc.: Suite 500		Suite, Apt. #, etc.: Suite 500	
City & State: Aurora, CO		City & State: Aurora, CO	
Zip: 80014	Country: USA	Zip: 80014	Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
City: Plantation FL Zip Code: 33324

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: James Martin, Assistant Secretary — DATE: 1/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $600.00

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	PCEO WONNACOTT, JAMES C 90 STATE HOUSE SQUARE, 10TH FLOOR HARTFORD, CT 06103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Pres D. Mark FitzHarris 3300 S. Parker Road #325 Aurora, CO 80014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WONNACOTT, JAMES C 90 STATE HOUSE SQUARE, 10TH FLOOR HARTFORD, CT 06103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Steven B. Stemper 3300 S. Parker Road #500 Aurora, CO 80014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS WANDS, JEFF 90 STATE HOUSE SQUARE, 10TH FLOOR HARTFORD, CT 06103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Robert S. Fossehl 3300 S. Parker Road #500 Aurora, CO 80014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Melissa Hall 3300 S. Parker Road #325 Aurora, CO 80014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Shelly R. Justice 3300 S. Parker Road #500 Aurora, CO 80014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Shelly R. Justice 1/23/07 303-751-3501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H07000022044

K. Eckel JAN 25 2007

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000022044 3)))

H070000220443ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

KELSON PHYSICIAN PARTNERS OF SAWGRASS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	300^{00}

per form

Electronic Filing Menu   Corporate Filing Menu   Help