

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000002778

1. Entity Name  
NATIONAL ONCOPLASTIC INSTITUTES, INC.



FILED

08 JAN 30 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
511 UNION STREET, SUITE 1800  
NASHVILLE, TN 37219

Mailing Address  
511 UNION STREET, SUITE 1800  
NASHVILLE, TN 37219

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01242008-01 REINIF 01242008 (1/67)

REINSTATEMENT

02-08

4. FEI Number

90-0222787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete  
NAME TANNENBAUM, JEROME S  
STREET ADDRESS 511 UNION STREET, SUITE 1800  
CITY-ST-ZIP NASHVILLE, TN 37219

TITLE P ☐ Delete  
NAME MAXWELL, G. PATRICK  
STREET ADDRESS 511 UNION STREET, SUITE 1800  
CITY-ST-ZIP NASHVILLE, TN 37219

TITLE V ☐ Delete  
NAME HARRISON, STEVE  
STREET ADDRESS 511 UNION STREET, SUITE 1800  
CITY-ST-ZIP NASHVILLE, TN 37219

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary ☐ Change ☒ Addition  
NAME Jay Yulowitz  
STREET ADDRESS 511 Union St., Suite 1800  
CITY-ST-ZIP Nashville, TN 37219

TITLE Asst. Secretary ☐ Change ☒ Addition  
NAME Judy Lefkowitz  
STREET ADDRESS 511 Union St., Suite 1800  
CITY-ST-ZIP Nashville, TN 37219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/08