

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -6 PM 2:03

DOCUMENT # 99000002900

1. Corporation Name

KELSON PHYSICIAN PARTNERS OF SOUTH FLORIDA, INC.

2. Principal Office Address

90 State House Square

Suite, Apt. #, etc.

10th Floor

City & State

Hartford, CT

Zip

06103

Country

USA

3. Mailing Office Address

90 State House Square

Suite, Apt. #, etc.

10th Floor

City & State

Hartford, CT

Zip

06103

Country

USA

REINSTATEMENT 62-03

4. Date Incorporated or Qualified

To Do Business in Florida June 7, 1999

5. FEI Number

06-1557834

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date 10/6/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	E. Harry Creasey	90 State House Square, 10th Fl.	Hartford, CT 06103
S/D	Jeffrey Kinell	90 State House Square, 10th Fl.	Hartford, CT 06103

10. 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:

Jeffrey Kinell

(Jeffrey Kinell)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(860) 548-9940

Daytime Phone #

CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 265212 7225868

AUTHORIZATION :

COST LIMIT : \$ 900.00

Patricia Pigute

ORDER DATE : October 2, 2003

ORDER TIME : 4:10 PM

ORDER NO. : 265212-035

CUSTOMER NO: 7225868

CUSTOMER: Ms. Kathleen A. Ellison
Mintz, Levin, Cohn, Ferris,
20th Floor, 20th
157 Church Street
New Haven, CT 06510

DOMESTIC FILINGS

NAME: KELSON PHYSICIAN PARTNERS OF
SOUTH FLORIDA, INC.

RECEIVED
03 OCT -6 PM 12:55
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____