

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 OCT 22 AM 10: 20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F00000002951**

1. Corporation Name

PASSPORT HEALTH COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

720 COOL SPRINGS BOULEVARD
 FRANKLIN TN 37067

720 COOL SPRINGS BOULEVARD
 FRANKLIN TN 37067



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

4. Date Incorporated or Qualified To Do Business in Florida

05/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1741830

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

37067

USA

6. CERTIFICATE OF STATUS DESIRED

\$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)

600004653326-5

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
PD	LACKEY, JAMES V JR.	720 COOL SPRINGS BOULEVARD	FRANKLIN TN 37067
D	PROCTOR, DANIEL A	810 BLACKBERRY HILL	NASHVILLE TN 37221
Y	ELY, KEITH E	720 COOL SPRINGS BOULEVARD	FRANKLIN TN 37067
CMO	MCCULLOUGH, SCOTT H	720 COOL SPRINGS BOULEVARD	FRANKLIN TN 37067
VS	BROWN, ROBERT D	720 COOL SPRINGS BOULEVARD	FRANKLIN TN 37067
D	HOOVER, JAMES B	108 FOREST AVENUE	LOCUST VALLEY NY 11560

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

01 UBR TS

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

Robert D. Brown
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10-19-01

11. 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:

Robert D. Brown
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)



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www.passporthealth.com
720 Cool Springs Blvd., Suite 450
Franklin, Tennessee 37067
Phone: 615-661-5657
Fax: 615-376-3552

October 17, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

In connection with the 'Notice of Administrative Dissolution or Revocation', we did not receive the first two notices due to lack of sufficient address. Our mailing system will not deliver an item without the suite number attached to the address. Per discussion with Leslie, the reinstatement fee will be waived pursuant to this letter.

Included is the Application for Reinstatement, with the correct address and suite number, along with the annual fee of \$150.00 for profit corporations. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Phil Clark".

Phil Clark, Controller
Passport Health Communications