

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 17 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000002951**

1. Corporation Name

**PASSPORT HEALTH COMMUNICATIONS, INC.**

Principal Place of Business

720 COOL SPRINGS BOULEVARD  
STE. 450  
FRANKLIN TN 37067

Mailing Address

720 COOL SPRINGS BOULEVARD  
STE. 450  
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02

4. Date Incorporated or Qualified  
To Do Business in Florida

05/25/2000

5. FEI Number

62-1741830

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LACKEY, JAMES V JR.	720 COOL SPRINGS BOULEVARD	FRANKLIN TN 37067
D	PROCTOR, DANIEL A	810 BLACKBERRY HILL	NASHVILLE TN 37221
V	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

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200010180332

01/17/03--01020--013 \*\*\*758.75

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

**PETER F. SOUZA**

ASSISTANT SECRETARY

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/12/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/14/02 (615) 861-5657

CR2E040 (8/02)