

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
EASTERN PROFESSIONAL PROPERTIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

RH

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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10 OCT 12 PM 3:20

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F09000005263

1. Corporation Name

Eastern Professional Properties, Inc.

2. Principal Office Address - No P.O. Box #

1445 Ross Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1400

Suite, Apt. #, etc.

City & State

Dallas, TX

City & State

Zip

75202

Country

Zip

Country

CR09031 (6-10)

4. Date Incorporated or Qualified
 To Do Business in Florida

5. FEI Number

963445201

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

CT Corporation

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation,

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am hereby accepting the obligations of section 607.0505 or 617.0503, F.S.

Signature of
 Registered Agent

Connie Bryan

Assistant Secretary

Date 10/12/2010

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	Garry L. Gause	1445 Ross Avenue, Suite 1400	Dallas, Texas 75202
T	Tyler Murphy	1445 Ross Avenue, Suite 1400	Dallas, Texas 75202
S	Kristina A. Mack	1445 Ross Avenue, Suite 1400	Dallas, Texas 75202
D	Kristina A. Mack	1445 Ross Avenue, Suite 1400	Dallas, Texas 75202
REINSTATEMENT			

RH

10. E-mail Address: donna.jarrell@tenethealth.com

(To be used for future annual report notification)

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. I further certify, 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:

Kristina A. Mack

Kristina A. Mack, Secretary

10/12/10

469.893.2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #