

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F93000005322

1. Entity Name
THE TIDEWATER HEALTHCARE SHARED SERVICES
GROUP, INC.



Principal Place of Business
601 EAST PRATT STREET
BALTIMORE, MD 21202

Mailing Address
601 EAST PRATT STREET
BALTIMORE, MD 21202

2. Principal Place of Business
100 E. Rivercenter Blvd.
Suite, Apt. #, etc.
Suite 1600

3. Mailing Address
100 E. Rivercenter Blvd.
Suite, Apt. #, etc.
Suite 1600

City & State
Covington, Ky

City & State
Covington, Ky

Zip
41011

Country
USA

Zip
41011

Country
USA



REINSTATEMENT 05-06

4. FEI Number
23-2739587

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
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1901 Hays Street
City
Tallahassee
FL
Zip Code
32301

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] Asst Sec

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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD ARLOTTA, JOHN J 601 EAST PRATT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SMITH, ROBERT 601 EAST PRATT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HUNT, RICHARD W 601 EAST PRATT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KORDASH, JOHN 601 EAST PRATT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAITHER, JOHN F JR 601 EAST PRATT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AYRES, KATHLEEN 601 EAST PRATT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director L. Tracy Finn 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Thomas R. Marsh 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Regist. Robbins 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100076155101 06/13/06--01039--011 **900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/2006

Date

(859) 392-3463

Daytime Phone #