

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F95000001264

1. Corporation Name

ENVOY CORPORATION

Principal Place of Business

TWO LAKEVIEW PL.
15 CENTURY BLVD., SUITE 600
NASHVILLE TN 37214

Mailing Address

TWO LAKEVIEW PL.
15 CENTURY BLVD., SUITE 600
NASHVILLE TN 37214

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

4709 Creekstone Dr.

Suite, Apt. #, etc.

Attn: Legal Dept.
Durham, North Carolina

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1995

5. FEI Number

62-1575729

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	Dennis B. Gillings	15 CENTURY BLVD #200 4709 Creekstone Dr.	NASHVILLE TN 37214 Durham, NC 27703
VP/Treas.	Rachel R. Selisker	15 CENTURY BLVD same as above	NASHVILLE TN 37214 same as above
VP./Sec.	John S. Russell	15 CENTURY BLVD same as above	NASHVILLE TN 37214 same as above
Asst. Sec	Thomas C. Perkins	15 CENTURY BLVD same as above	NASHVILLE TN 37214 same as above
	JOE WENBAUM, D. WALTER K	1112 CAPITAL OF TEXAS HWY, WORTH	AUSTIN TX 78750
	HIRSCH, LAWRENCE E	303 LEE PKY	DALLAS TX 75219

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

State

Zip Code

10. I, being appointed the registered agent, have formed the corporation and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

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 of 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

Thomas C. Perkins

11/10/99
Date

919/998-2000
Daytime Phone #

FILED

99 DEC -8 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2340 (09/97)

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