

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 JAN 22 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F9500000 5729

1. Corporation Name

Chamberlin Edmonds & Associates, Inc.

2. Principal Office Address

3500 Piedmont Rd.

Suite, Apt. #, etc.

400

City & State

Atlanta, GA

Zip

30305

Country

USA

3. Mailing Office Address

P.O. Box 52368

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30355

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/27/1995

5. FEI Number

58-1749642

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 System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

LS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section

607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Mary R Adams*  
REGISTERED AGENT MUST SIGN

Date 1-21-02

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
Director CEO	Judith E. Starkey	3500 Piedmont Rd	Atlanta, GA 30305
Asst. Scty.	Thomas J. Roock, Jr.	Same	Same
Scty.	Susan K. Hansen	Same	Same
	See others on separate attachment		

10. 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:

*Oppe C. Dinardot* Vice President of Finance 1/18/02 (404) 634-5196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

203

12/14/01 DRAFT

**Officers  
of  
Chamberlin, Edmonds & Associates, Inc.  
(as of 1/15/02)**

**Officers**

Executive Vice President and Chief Financial Officer	Mark B. Rinder
Executive Vice President and Chief Marketing Officer	Joseph Purnell
Vice President	F. "Chic" Barrera
Vice President	Sarah Haas Boyd
Vice President	Joye C. Girardot
Vice President	Robert C. Kream
Vice President	Kevin F. Sutherland
Vice President	Kim R. Williams