PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV -5 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000005827**

1. Corporation Name
PHYSICIANS STRATEGIC ALLIANCE, INC.

Principal Place of Business	Mailing Address
825 NORTH GARLAND AVE., SUITE 201 ORLANDO FL 32801	825 NORTH GARLAND AVE., SUITE 201 ORLANDO FL 32801

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
303 East Par Street	303 East Par Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32804 Country: USA	Zip: 32804 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11/05/1996

5. FEI Number: 59-3347564 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	SAPP, D J	825 N. GARLAND AVE., SUITE 201	ORLANDO FL 32801
DV	WHITE, GEORGE M MD	825 N. GARLAND AVE., SUITE 301	ORLANDO FL 32801
D	MCDONALD, DAVID C	5151 BELTLINE RD., SUITE 605	DALLAS TX 75240
D	VOGEL, DANIEL J	5151 BELTLINE RD., SUITE 605	DALLAS TX 75240

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*****750.00 *****750.00
11-10-97

8. Name and Address of Current Registered Agent

AYLWARD, ROBERT E
100 NORTH TAMPA STREET
SUITE 2425
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name: D. Jeffery Sapp
Street Address (P.O. Box Number is Not Acceptable): 303 East Par Streets
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32801

CR2E040 (8/97)

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.

Signature of Registered Agent: _____ D. Jeffery Sapp Date: 10/30/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: _____ D. Jeffery Sapp 10/30/97 407-628-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #