

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 13 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005765**

1. Corporation Name

PHYSICIANS' SPECIALTY CORP.

Principal Place of Business

Mailing Address

1150 LAKE HEARN DRIVE
SUITE 640
ATLANTA GA 30342

1150 LAKE HEARN DRIVE
SUITE 640
ATLANTA GA 30342

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1997

5. FEI Number

58-2251438

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	TRITT, RAMIE A MD	1150 LAKE HEARN DRIVE	ATLANTA GA 30342
S	BENJAMIN, GERALD	1150 LAKE HEARN DRIVE	ATLANTA GA 30342
CEO	BALLARD, RICHARD	1150 LAKE HEARN DRIVE	ATLANTA GA 30342
VP	PROVA, ROBERT D	1150 LAKE HEARN DRIVE	ATLANTA GA 30342
VP	POPEJOY, S. WAITE	1150 LAKE HEARN	ATLANTA GA 30342

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

BRIAN COURTNEY, ASST. VP. D

REGISTERED AGENT MUST SIGN

Date

12/15/2000

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/00

Date

404-257-4730

Daytime Phone #