

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 24 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005765

1. Corporation Name

PHYSICIANS' SPECIALTY CORP.

2. Principal Office Address

3600 MANSELL ROAD

3. Mailing Office Address

Same as principal office address

Suite, Apt. #, etc.

SUITE 150

Suite, Apt. #, etc.

City & State

ALPHARETTA, GA

City & State

Zip

30022

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/97

5. FEI Number

58-2251438

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000011794720
02/04/03--01093--020 **300.00

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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 Paris

Date 1-23-03

REGISTERED AGENT MUST SIGN

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
CEO	John Nord	3600 Mansell Road, #150 Alpharetta, GA 30022	Alpharetta, GA 30022
CFO	Matthew Mellett	3600 Mansell Road #150 Alpharetta, GA 30022	Alpharetta, GA 30022

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M.S. Mellett

11/13/02

678-795-5500

CR2E081 (9/01)

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November 13, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

American Healthcare Services, Inc., formerly Physicians Specialty Corp. did not file an Annual Report for 2002. The report was not received due to our office address changing. We are requesting a waiver of the \$600.00 reinstatement fee.

Sincerely,

AMERICAN HEALTHCARE SERVICES, INC.

A handwritten signature in black ink, appearing to read 'Matthew S. Mellott', is written over the printed name.

Matthew S. Mellott
Chief Financial Officer