

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 13 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005766**

1. Corporation Name

**SOUTH FLORIDA OTOLARYNGOLOGY, INC.**

Principal Place of Business

Mailing Address

1150 LAKE HEARN DRIVE  
SUITE 640  
ATLANTA GA 30342

1150 LAKE HEARN DRIVE  
SUITE 640  
ATLANTA GA 30342



**REINSTATEMENT** 00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/31/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		58-2350515	
Country		Country		APPLICABLE FOR <b>SP</b>	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
P	BALLARD, RICHARD D	1150 LAKE HEARN DRIVE	ATLANTA GA 30342
S	BENJAMIN, GERALD	1150 LAKE HEARN DRIVE	ATLANTA GA 30342
VP	TRIPP, RAMIE A MD	1150 LAKE HEARN DRIVE	ATLANTA GA 30342
<del>VP</del>	<del>PROVA, ROBERT D</del>	<del>1150 LAKE HEARN DRIVE</del>	<del>ATLANTA GA 30342</del>
VP	POPEJOY, S. WAITE	1150 LAKE HEARN DRIVE	ATLANTA GA 30342
400003509364-6 -12/20/00--01080--021 ***1500.00 ***150.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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.** Date **10/13/2000**

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)(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: **S. Waite Popejoy** 10/6/00 404-257-4732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #