

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

98 DEC 18 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006931

1. Corporation Name

MEDSTEP, INC.

Principal Place of Business

500 W. MAIN STREET  
LOUISVILLE KY 40202

Mailing Address

500 W. MAIN STREET  
LOUISVILLE KY 40202

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

PO Box 740026

LOUISVILLE, KY

40201-7426 Jefferson

REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/1997

5. FEI Number

61-1316926

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
PD	WOLF, GREGORY H	<del>1400 LAKESIDE DRIVE, BLDG 2B</del> 500 W. Main Street	<del>LOUISVILLE, KY 40202</del> LOUISVILLE, KY 40202
COOD	ROTHERHAM, GREGORY K	<del>1400 LAKESIDE DRIVE, BLDG 2B</del> 500 W. Main Street	<del>LOUISVILLE, KY 40202</del> LOUISVILLE, KY 40202
CFO	MURRAY, JAMES E	<del>1400 LAKESIDE DRIVE, BLDG 2B</del> 500 W. Main Street	<del>LOUISVILLE, KY 40202</del> LOUISVILLE, KY 40202
DV	MCCALLISTER, MICHAEL B	<del>1400 LAKESIDE DRIVE, BLDG 2B</del> 500 W. Main Street	<del>LOUISVILLE, KY 40202</del> LOUISVILLE, KY 40202
<del>V</del>	<del>REEVES, JERRY D MD</del>	<del>1400 LAKESIDE DRIVE, BLDG 2B</del> 500 W. Main Street	<del>LOUISVILLE, KY 40202</del>
VT	James W. Doucette	500 W. Main Street	LOUISVILLE, KY 40202
V	BAUERNFEIND, GEORGE G	<del>1400 LAKESIDE DRIVE, BLDG 2B</del> 500 W. Main Street	<del>LOUISVILLE, KY 40202</del> LOUISVILLE, KY 40202

8. Name and Address of Current Registered Agent

~~XXXX CORPORATION SYSTEM~~ Corporation Service Company  
~~1200 SOUTH PINE ISLAND ROAD~~ 1201 Hays Street  
~~PLANTATION, FL 33524~~ Tallahassee, FL 32301  
Change effective 11-13-98 (filed)

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. 700002728567-6  
City \*\*\*750, State FL Zip Code 32309

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

Karen B. Rozal, Asst. Sec.  
Corporation Service Company

Date

12-17-98

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)(f), 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:

*George B. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-Taxes

12/3/98

Date

5025801000

Daytime Phone #