

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002181

1. Corporation Name

CORPORATE HEALTH DIMENSIONS, INC.

2. Principal Office Address

40 Burton Hills Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Nashville, TN

Zip

37215

Country

USA

3. Mailing Office Address

40 Burton Hills Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Nashville, TN

Zip

37215

Country

USA

REINSTATEMENT 01-03

700013267047
02/28/03--01015--023 **1050.00

**4. Date Incorporated or Qualified
To Do Business in Florida** 4/17/1998

5. FEI Number
141707583

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Ave.

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

Jeff M. Hagdon
REGISTERED AGENT MUST SIGN *Special Asst. Sec.*

Date 2/20/03

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
P/D	Charles D Phillips	40 Burton Hills Blvd Ste 400	Nashville, TN 37215
D	Haywood D Cochrane, Jr	40 Burton Hills Blvd Ste 400	Nashville, TN 37215
S	Shannon Wolcott	40 Burton Hills Blvd Ste 400	Nashville, TN 37215
AS	T Michael Bouldin	40 Burton Hills Blvd Ste 400	Nashville, TN 37215

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:

Shannon Wolcott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03 615-665-3162

Date

Daytime Phone #

mw

CR2E081 (10/02)