

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F98000003009**

1. Corporation Name

**VECTOR HEALTHSYSTEMS, INC.**

Principal Place of Business

405 PROMENADE ST.  
PROVIDENCE RI 02908

Mailing Address

405 PROMENADE ST.  
PROVIDENCE RI 02908

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/27/1998

5. FEI Number

05-0398659

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A fee of \$8.75 per year  
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	4 City / State / Zip
D	HORSLEY, MICHAEL	500 NE BLVD.	MONTGOMERY AL 36121
D	MARSELLA, ROMOLO JR.	ONE CITIZENS PLAZA, STE. 810	PROVIDENCE RI 02903
DS	HYNES, JOHN J	45 WILLARD AVE.	PROVIDENCE RI 02905
DCEO	MCCLURE, GERALD G	405 PROMENADE ST.	PROVIDENCE RI 02908
DC	REPUCCI, CHARLES R	1500 FLEET CENTER	PROVIDENCE RI 02903
DPAS	SAUCIER, STEPHEN J	405 PROMENADE ST.	PROVIDENCE RI 02908

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200003066162-1

-12/10/99-01009-018

\*\*\*750.00 \*\*\*750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

*Lauren H. Kreatz*

REGISTERED AGENT MUST SIGN

LAUREN H. KREATZ

Date

11/29/99

SPECIAL ASSISTANT SECRETARY

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:

*Lauren H. Kreatz*  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 1, 1999

Daytime Phone #

401-453-8335

KE