

H07000022046


1/2

FILED

07 JAN 25 PM 12:36

2007 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F98000003119			
1. Entity Name KELSON PHYSICIAN PARTNERS OF NORTHEAST FLORIDA, INC.			
Principal Place of Business 90 STATE HOUSE SQUARE, 10TH FLOOR HARTFORD, CT 06103		Mailing Address 90 STATE HOUSE SQUARE, 10TH FLOOR HARTFORD, CT 06103	
2. Principal Place of Business - No P.O. Box # 3300 S. Parker Road Suite, Apt. #, etc. Suite 500 City & State Aurora, CO Zip 80014 Country USA		3. Mailing Address 3300 S. Parker Road Suite, Apt. #, etc. Suite 500 City & State Aurora, CO Zip 80014 Country USA	
4. FEI Number 06-1513784		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Destroyed <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324	
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>James Martin</i> James Martin Assistant Secretary 1/4/07 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)			
FILE NUMBER FEE IS \$360.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEPP WANNACOTT, JAMES C 90 STATE HOUSE SQUARE, 10TH FLOOR HARTFORD, CT 06013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steven B. Stemper 3300 S. Parker Road #500 Aurora, CO 80014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFS WANDS, JEFF 90 STATE HOUSE SQ 10TH FLOOR HARTFORD, CT 06013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert S. Possehl 3300 S. Parker Road #500 Aurora, CO 80014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President D. Mark FitzHarris 3300 S. Parker Road #325 Aurora, CO 80014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Melissa Hall 3300 S. Parker Road #325 Aurora, CO 80014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Shelly R. Justice 3300 S. Parker Road #325 Aurora, CO 80014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Shelly R. Justice</i> Shelly R. Justice		1/23/07 303-751-3501	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

REINSTATEMENT REINSTATEMENT

06/07

H07000022046

K. Eckel JAN 25 2007

2/2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000022046 3)))



H070000220463ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

KELSON PHYSICIAN PARTNERS OF NORTHEAST FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$300 ⁰⁰

per form

Electronic Filing Menu

Corporate Filing Menu

Help