


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 CLERK OF STATE  
 DEPARTMENT OF CORPORATIONS  
 03 OCT -6 PM 2:05

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # *F98000003119*

1. Corporation Name  
 KELSON PHYSICIAN PARTNERS OF NORTHEAST FLORIDA, INC.

2. Principal Office Address 90 State House Square Suite, Apt. #, etc. 10th Floor City & State Hartford, CT Zip 06103		Country USA		3. Mailing Office Address 90 State House Square Suite, Apt. #, etc. 10th Floor City & State Hartford, CT Zip 06103		Country USA	
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**REINSTATEMENT** *12-03*

4. Date Incorporated or Qualified To Do Business in Florida  
 June 2, 1998

5. FEI Number  
 06-1513784

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
 1201 Hays Street

Suite, Apt. #, Etc.

City  
 Tallahassee

State  
**FL**

Zip Code  
 32301-2525

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 *Deborah D. Skipper* **Deborah D. Skipper** Date *10/6/03*  
 REGISTERED AGENT MUST SIGN **Asst. V. Pres.**

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	E. Harry Creasey	90 State House Square, 10th Fl.	Hartford, CT 06103
S/D	Jeffrey Kinell	90 State House Square, 10th Fl.	Hartford, CT 06103

100023587511

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)(l), 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: *JK* (Jeffrey Kinell) (860) 548-9940  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 265212 7225868

AUTHORIZATION :

*Patricia Pignato*

COST LIMIT : \$ 900.00

ORDER DATE : October 2, 2003

ORDER TIME : 4:07 PM

ORDER NO. : 265212-025

CUSTOMER NO: 7225868

CUSTOMER: Ms. Kathleen A. Ellison  
Mintz, Levin, Cohn, Ferris,  
20th Floor, 20th  
157 Church Street  
New Haven, CT 06510

DOMESTIC FILINGS

NAME: KELSON PHYSICIAN PARTNERS OF  
NORTHEAST FLORIDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
03 OCT -6 PM 12: 55  
DIVISION OF CORPORATION