

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 23 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000640

1. Corporation Name

Kelson Physician Partners, Inc.

2. Principal Office Address

90 State House Square

Suite, Apt. #, etc.

10th Floor

City & State

Hartford, CT

Zip

Country

06103

USA

3. Mailing Office Address

90 State House Square

Suite, Apt. #, etc.

10th Floor

City & State

Hartford, CT

Zip

Country

06103

USA

REINSTATEMENT 02-04

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

02-02-1999

5. FEI Number

06-1389869

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

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

Robert Branch
REGISTERED AGENT MUST SIGN **ROBERT BRANCH ASST. U.P.**

Date

4/22/2004

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 |
|--------|--------------------------------------|---|--------------------|
| PD | E. Harry Creasey | 90 State House Square, 10th Fl. | Hartford, CT 06103 |
| | | | 100039775031 |
| | | | |
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| | | | |
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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:

E. Harry Creasey

E. Harry Creasey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/04

860-692-4305

Daytime Phone #



CORPORATION SERVICE COMPANY

20f2

ACCOUNT NO. : 072100000032

REFERENCE : 584670 4312752

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 1058.75

ORDER DATE : April 22, 2004

ORDER TIME : 8:55 AM

ORDER NO. : 584670-005

CUSTOMER NO: 4312752

CUSTOMER: Shannon Gervais, Legal Asst
Shipman & Goodwin LLP
One American Row

Hartford, CT 06103-2819

REINSTATEMENT

NAME: KELSON PHYSICIAN PARTNERS, INC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
04 APR 23 PM 1:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA