H06000211496 FILED 1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 06 OCT 2 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000000040

1. Corporation Name
Kelson Physician Partners, Inc.

2. Principal Office Address	3. Mailing Office Address
3300 South Parker Road	3300 South Parker Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aurora, Colorado	City & State: Aurora, Colorado
Zip: 80014 Country: USA	Zip: 80014 Country: USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business In Florida 2/2/1999

5. FEI Number 061389869 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, accept the duties and obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Jeffrey D. Butenfield Assistant Secretary
REGISTERED AGENT MUST SIGN

Date _____

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
	SEE EXHIBIT A ATTACHED		

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 contained in Chapter 119, 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: David R. Lionette 303-751-3501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR10 - 01.04.2006 CT System Online

H06000211496

K. Eckel OCT - 2 2006

2/3

EXHIBIT A

Dir	Robert S. Possehl	3300 South Parker Road, Aurora, CO 80014
Dir	Donald F. Barrickman	3300 South Parker Road, Aurora, CO 80014
Dir	David R. Lionette	3300 South Parker Road, Aurora, CO 80014
Dir	Mark Fitzharris	3300 South Parker Road, Aurora, CO 80014
Dir	David Robertson	1001 Nineteenth Street North, Arlington, VA 22209
Dir	Anthony E. Varone	1179 Allyn Street, Suite 508, Hartford, CT 06103
Dir	Gary Zentner	249 5th Ave, 1 PNC Plaza, 8th Floor, Pittsburg, PA 15222
Off	Steve Stemper	3300 South Parker Road, Aurora, CO 80014
Off	Shelly R. Justice	3300 South Parker Road, Aurora, CO 80014
Off	Bernadette A Harrington	3300 South Parker Road, Aurora, CO 80014
Off	Melissa Hall	3300 South Parker Road, Aurora, CO 80014

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.

(((H06000241496 3)))

H06000241496ABC%

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, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$758.75

Electronic Filing Menu Corporate Filing Menu Help