

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV 12 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000001881**

1. Corporation Name

PROVINCE HEALTHCARE COMPANY

Principal Place of Business

105 WESTWOOD PLACE, STE 400
BRENTWOOD TN 37027

Mailing Address

105 WESTWOOD PLACE, STE 400
BRENTWOOD TN 37027

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 02

Date Incorporated or Qualified
To Do Business in Florida

04/09/1999

5. FEI Number

62-1710772

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	RASH, MARTIN S	105 WESTWOOD PLACE STE 400	BRENTWOOD TN
XP	RUTLEDGE, JOHN M	105 WESTWOOD PLACE STE 400	BRENTWOOD TN
V	HANNON, CHRISTOPHER T	105 WESTWOOD PL ST E400	BRENTWOOD TN 37027
V	ANDERSON, JAMES T	105 WESTWOOD PLACE STE 400	BRENTWOOD TN
D	NOLAN, JOSEPH P	6100 SEARS TOWER	CHICAGO IL 60606
VS	WALL, HOWARD T	105 WESTWOOD PLACE STE 400	BRENTWOOD TN

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

600008933586

11/12/02--01057--002 **750.000

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/12/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/02

Daytime Phone #

615/370-1377

PROVINCE HEALTHCARE COMPANY

Officers

Martin S. Rash – Chairman & CEO
John M. Rutledge – President & COO
Christopher T. Hannon – Senior V.P. & Chief Financial Officer
J. Thomas Anderson – Senior V.P. of Acquisitions & Development
Howard T. Wall – Senior V.P. & Secretary
Brenda B. Rector – V.P., Asst. Secretary & Controller

Directors

Martin S. Rash
Paul J. Feldstein
Winfield C. Dunn
Joseph P. Nolan
John M. Rutledge
David L. Steffy
David R. Klock
Stephen M. Ray

The address for all officers and directors is 105 Westwood Place, Suite 400,
Brentwood, TN 37027



UCC FILING & SEARCH SERVICES, INC.
 526 East Park Avenue
 Tallahassee, Florida 32301
 (850) 681-6528

HOLD
 FOR PICKUP BY
 UCC SERVICES
 OFFICE USE ONLY

November 12, 2002

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Province Healthcare Company

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
 Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input checked="" type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

02 NOV 12 AM 10:06

RECEIVED