

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 NOV -9 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002432

1. Corporation Name

PRIME HEALTH SYSTEM, INC.

Principal Place of Business

Mailing Address

STE 211, 3500 PIEDMONT ROAD
ATLANTA GA 30305

STE 211, 3500 PIEDMONT ROAD
ATLANTA GA 30305



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

2. New Principal Office Address, If Applicable

210 S. Parsons Ave

3. New Mailing Office Address, If Applicable

210 S. Parsons Ave

Suite, Apt. #, etc.

Suite 12

Suite, Apt. #, etc.

Suite 12

City & State

Brandon FL

City & State

Brandon FL

Zip

33511

Country

USA

Zip

33511

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1999

5. FEI Number

58-2395016

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	LOVETT JR, WILLIAM E	STE 211, 3500 PIEDMONT ROAD	ATLANTA GA
CD	GARNER JR, THOMAS E	STE 211, 3500 PIEDMONT ROAD	ATLANTA GA
P	Vaughan, David R.	210 S. Parsons Ave, Ste 12	Brandon, FL 33511

REINSTATEMENT

2000

[Signature]

8. Name and Address of Current Registered Agent

VAUGHAN, DAVID R
STE 12, 210 SOUTH PARSONS AVE
BRANDON FL 33594

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

4000003482594

12/06/00--01009--014

***750.00

State

FL

Zip Code

***750.00

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.

Signature of
Registered Agent

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/6/00

CR02040 (8/00)

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

11/6/00 (813) 651-4184
Date Daytime Phone #