

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 JAN 19 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F99000002598**

1. Corporation Name

ACCENTHEALTH, INC.

2. Principal Office Address

2203 N LOIS AVE

Suite, Apt. #, etc.

1100

City & State

TAMPA FL

Zip

33607

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-20-99

5. FEI Number

59-3308537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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

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

Louise B. Smith

REGISTERED AGENT MUST SIGN.

Date **1-18-01**

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
Pres	Jerrold Morrison	2203 N LOIS AVE TAMPA	TAMPA FL 33607
Sec	Richard E. Ruth	2203 N LOIS AVE	TAMPA FL 33607
	See attached for complete list of Directors		
			900003556249--6
		REINSTATEMENT	00-01 TS

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:

Richard E. Ruth

Richard E. Ruth

11/27/00

(813)349-7102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

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**Axolotl Corp.
FKA AccentHealth, Inc
Directory of Directors**

Name/Position	Address
Berg, Jeff Director Asst: Diane Jennings	Matador Capital Management 200 First Avenue North #206 St. Petersburg, FL 33710
Chadwick, John Director Asst: Linda Swafford ext. 10	Richland Ventures 200 31st Avenue N. Suite 200 Nashville, TN 37203-1205
Gauthier, Henry (Hank) Director	1359 Chelsea Drive Los Altos, CA 94024-5726
Ganong, Jr., Richard J. (Rick) Director	Tudor Private Equity Group 40 Rowes Wharf, 2nd Floor Boston, MA 02110
Harms, Beverly Director	Communications Equity Assoc. 101 E. Kennedy Blvd. #3300 Tampa, FL 33602
Keet, Ernest "Lee" E. Director	Vanguard Atlantic, Ltd.* PMB 290, 304 Main Avenue P.O. Box 1360 Norwalk, CT 06851-6167 Saranac Lake, NY 12983 * Do not mail; always email or fax information
Morrison, Jerrold L. (Jerry) President & CEO Asst: Erica Rizzio x7040	Axolotl Corp. 2203 N. Lois Avenue, #1100 Tampa, FL 33607
Sisco, Dennis Partner Director Asst: Cindy Saeli x1620	Behrman Capital 126 East 56th Street New York, NY 10022
Taylor, Gregory N. (Greg) Director	Blue Chip Venture Company 250 East Fifth Street Suite 1100 Cincinnati, OH 45202-4163



ACCOUNT NO. : 072100000032

REFERENCE : 968471 4326542

AUTHORIZATION : *Patricia Pyjot*

COST LIMIT : \$ 900.00

ORDER DATE : January 17, 2001

ORDER TIME : 2:42 PM

ORDER NO. : 968471-010

CUSTOMER NO: 4326542

CUSTOMER: Elizabeth Kersey, Legal Asst
Shaw Pittman
1650 Tysons Boulevard

Mc Lean, VA 22102-4859

ANNUAL REPORT FILING

NAME: ACCENTHEALTH, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA ODOM - Ext. 1104

EXAMINER'S INITIALS:

RECEIVED
01 JAN 19 PM 3:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA