PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -6 PM 2:03

DOCUMENT # F99000002900

**1.** Corporation Name

KELSON PHYSICIAN PARTNERS OF SOUTH FLORIDA, INC.

REINSTATEMENT 62-03

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 90 State House Square | | 90 State House Square | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 10th Floor | | 10th Floor | |
| City & State | | City & State | |
| Hartford, CT | | Hartford, CT | |
| Zip | Country | Zip | Country |
| 06103 | USA | 06103 | USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: June 7, 1999

**5.** FEI Number: 06-1557834 ☐ 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

600023587496

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: Deborah D. Skipper Deborah D. Skipper Asst. V. Pres. Date: 10/6/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|
| P/D | E. Harry Creasey | 90 State House Square, 10th Fl. | Hartford, CT 06103 |
| S/D | Jeffrey Kinell | 90 State House Square, 10th Fl. | Hartford, CT 06103 |
| | | | |
| | | | |
| | | | |
| | | | |

**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:** (Jeffrey Kinell) (860) 548-9940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 265212 7225868

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 900.00

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ORDER DATE : October 2, 2003

ORDER TIME : 4:10 PM

ORDER NO. : 265212-035

CUSTOMER NO: 7225868

CUSTOMER: Ms. Kathleen A. Ellison
Mintz, Levin, Cohn, Ferris,
20th Floor, 20th
157 Church Street
New Haven, CT 06510

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03 OCT -6 PM 12:55
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: KELSON PHYSICIAN PARTNERS OF SOUTH FLORIDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____