

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 14 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005001

1. Corporation Name

AMERICAN OCCUPATIONAL HEALTH MANAGEMENT, INC.

Principal Place of Business

Mailing Address

20 BURTON HILLS BLVD., SUITE 200
NASHVILLE TN 37215

20 BURTON HILLS BLVD., SUITE 200
NASHVILLE TN 37215

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1999

5. FEI Number

52-1994026

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
1	2	3	4
PD	LATIMER, GARRY Charles ("Chip") D. Phillips	20 BURTON HILLS BLVD., SUITE 200	NASHVILLE TN 37215
S	WOLCOTT, SHANNON	20 BURTON HILLS BLVD., SUITE 200	NASHVILLE TN 37215
AS	BOULDIN, MIKE	20 BURTON HILLS BLVD., SUITE 200	NASHVILLE TN 37215
D	COCHRANE, HAYWOOD JR.	20 BURTON HILLS BLVD., SUITE 200	NASHVILLE TN 37215

300003493209-6

-12/11/00--01033--008

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

NRAI Services, Inc.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Edmund Cochran, Jr.

Date 11-2-00

REGISTERED AGENT MUST SIGN

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:

Edmund Cochran, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Haywood Cochran, Jr. Director

November 10, 2000 (615) 665-9500

Date

Daytime Phone #