

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 DEC 30 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J40471

1. Corporation Name

CEDARS BTW PROGRAM, INC.

Principal Place of Business

Mailing Address

ONE PARK PLAZA
P.O. BOX 740035
NASHVILLE TN 37203
US

ATTN. TAX DEPT.
P.O. BOX 570
NASHVILLE FL 37202
US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. # etc.		Suite, Apt. #, etc.		10/29/1986	
City & State		City & State		5. FEI Number	
Zip		Country		59-2741293	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SVPD	SCHWEINHART, RICHARD	ONE PARK PLAZA	NASHVILLE TN
CEO	VANDEWATER, DAVID T.	ONE PARK PLAZA	NASHVILLE TN
SVPD	BRAUN, STEPHEN T.	ONE PARK PLAZA	NASHVILLE TN
SVPD	COLBY, DAVID C. Donahay, Kenneth C.	ONE PARK PLAZA	NASHVILLE TN
SVP	GRECO, SAMUEL A.	201 WEST MAIN STREET	LOUISVILLE KY 40202
SVP	MOORE, JOSEPH D.	ONE PARK PLAZA	NASHVILLE TN

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	Name REINSTATEMENT Street Address Suite, Apt. #, Etc. City State Zip Code FL

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 Heborah N. Skojan Date 12/30/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Steph T. B... Date 12/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032

REFERENCE : 204379 5012441

AUTHORIZATION *Patricia Pruitt*

COST LIMIT : \$ 375.00

ORDER DATE : December 30, 1996

ORDER TIME : 9:53 AM

ORDER NO. : 204379-010

CUSTOMER NO: 5012441

100002041141--8

CUSTOMER: Ms. Melinda Lampkin
Columbia/hca Healthcare
1 Park Plaza
P.o. Box 550
Nashville, TN 37202-0550

DOMESTIC FILINGS

NAME: CEDARS BTW PROGRAM, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Daniel W Leggett
EXAMINER'S INITIALS _____