

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J78905

1. Corporation Name
PHYSICIAN SERVICES OF SOUTHWEST Florida, Inc

2. Principal Office Address
4634 Palm Beach Blvd.

3. Mailing Office Address
4634 Palm Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

Zip
33905

Country

Zip
33905

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-2839328

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
CAROL L. UPRIGHT

Street Address (P.O. Box Number is Not Acceptable)
4634 Palm Beach Blvd

Suite, Apt. #, Etc.

600009686636
12/26/02--01015--021 **550.00
12/26/02--01015--022 **165.00

City
FORT MYERS

State Zip Code
FL 33905

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
Carol L. Upright
REGISTERED AGENT MUST SIGN

Date
12/20/02

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 |
|--------|-----------------------------------|------------------------------------------------|---------------------------------|
| Pres. | Carol L. UPRIGHT | 230 Winton Rd. | Fairfield, Ct. 06824 |
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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: **Carol L. Upright**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
12/20/02
Daytime Phone #
203-249-1048

CR2E081 (9/01)