

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

98 NOV 17 PM 2:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **K38876**

1. Corporation Name  
**PHYCOR OF VERO BEACH, INC.**

Principal Place of Business      Mailing Address  
 2300 FIFTH AVENUE                      2300 FIFTH AVENUE  
 VERO BEACH FL 32960                      VERO BEACH FL 32960  
 US    US



**REINSTATEMENT** *of*

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	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		10/14/1988	
City & State		City & State		5. FEI Number	
Zip		Country		59-2913775	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
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
VP	CRAWFORD, JOHN K.	30 BURTON HILLS BLVD.	NASHVILLE TN
SVPD	DENT, THOMPSON S.	30 BURTON HILLS BLVD.	NASHVILLE TN
CEOD	HUTTS, JOSEPH C.	30 BURTON HILLS BLVD.	NASHVILLE TN
SVPD	REEVES, DERRIL W.	30 BURTON HILLS BLVD.	NASHVILLE TN
SVPD	WRIGHT, RICHARD D.	30 BURTON HILLS BLVD.	NASHVILLE TN
MD	KISSNER, MICHAEL G <b>MICHAEL</b>	2300 5TH AVE	VERO BEACH FL

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 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. <b>300002692133-5</b> City <b>VERO BEACH FL</b>	

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 *Louise R. [Signature]* **REGISTERED AGENT MUST SIGN** Date **11-17-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date **11/16/98** Daytime Phone # **561-567-7111**

CR2E040 (9/98)