

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -5 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000010

1. Corporation Name

THE ASSOCIATION OF FLORIDA CHILDREN'S HOSPITALS,
INC.

Principal Place of Business

800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

Mailing Address

800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

807 Children's Way
Nemours Children's Clinic
Jacksonville, FL

3. New Mailing Office Address, If Applicable

807 Children's Way
Nemours Children's Clinic
Jacksonville, FL

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1999

5. FEI Number 59-362-6878
APPLIED FOR

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WILKINSON, ALBERT H JR, Dr. (M.D.)	800 PRUDENTIAL DRIVE 807 Children's Way	JACKSONVILLE FL 32207
VD	HOWELL, R. RODNEY, Dr. (M.D.)	800 PRUDENTIAL DRIVE 1611 N.W. Miami, FL 33136-1044	JACKSONVILLE FL 32207
STD	AUBIN, MICHAEL D	800 PRUDENTIAL DRIVE 3001 W. Martin Luther King Blvd. Tampa, FL 33607-6889	JACKSONVILLE FL 32207
D	BARRETT, DOUGLAS, Dr. (M.D.)	800 PRUDENTIAL DRIVE 1600 S.W. Archer Rd., Box 100336 Gainesville, FL 32610	JACKSONVILLE FL 32207
D	ELLIS, MICHAEL	800 PRUDENTIAL DRIVE 9981 Health Park Circle	JACKSONVILLE FL 32207 Ft. Myers, FL 33908

8. Name and Address of Current Registered Agent

FREEMAN, LARRY J
WOLFSON CHILDREN'S HOSPITAL
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

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

000004697920--9

Suite, Apt. #, Etc.

-11/29/01--01034--006

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/30/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert H. Wilkinson, Jr. M.D.
President & Inform C.E.O.

Date

Daytime Phone #

10/30/01 904-390-3673



Association of Florida Children's Hospitals, Inc.

November 2, 2001

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL. 32314

All Children's Hospital,
St. Petersburg

Arnold Palmer Hospital
for Children and Women,
Orlando

Children's Hospital
at Sacred Heart,
Pensacola

The Children's Hospital
of Southwest Florida,
Ft. Myers

Chris Evert Women and
Children's Center,
Ft. Lauderdale

Jackson Memorial
Children's Hospital,
Miami

Joe Di Maggio
Children's Hospital,
Hollywood

Miami Children's Hospital,
Miami

Shands Children's Hospital
at the University of Florida,
Gainesville

Tampa Children's Hospital
at St. Joseph's,
Tampa

Wolfson Children's Hospital,
Jacksonville

Dear Sir or Madam:

While I was away from the city when the attached notice arrived, a thorough check with the agent and with my records failed to produce any evidence that Association of Florida Children's Hospitals previously received any notice that the fee and filing were due. On October 30, 2001, I spoke with a very helpful gentleman from your office who advised me to complete the attached form with appropriate changes and return it with a check for \$61.25. I am enclosing my personal check in order to expedite the prompt attention to this matter. The Association treasurer will reimburse me.

We very much appreciate your help in this matter.

Sincerely,

Albert H. Wilkinson, Jr.

Albert H. Wilkinson, Jr., MD
President and Interim CEO

Enclosures