

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV -5 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N44529

1. Corporation Name

SOUTHWEST FLORIDA PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business

ONE PARK PLAZA  
NASHVILLE TN 37203  
US

Mailing Address

P O BOX 570  
ATTN: TAX DEPT  
NASHVILLE TN 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/01/1991

5. FEI Number

65-0316800

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
D	ZELLNER, STEPHEN R.	ONE PARK PLAZA	NASHVILLE TN
D	TRITEL, HARVEY	ONE PARK PLAZA	NASHVILLE TN
TS	NEEP, MIKE	ONE PARK PLAZA	NASHVILLE TN
C	LEVINE, STEVEN E MD	ONE PARK PLAZA	NASHVILLE TN
D	HARRISON, STUART S.	12600 UNIVERSITY DRIVE, SUITE 56	FT. MYERS FL
S	LEVINE, STEVEN C.	12600 UNIVERSITY DRIVE, SUITE 56	FT. MYERS FL

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

000002002930--2

Suite, Apt. #, Etc.

11/13/96 01108 019

\*\*\*375.00 \*\*\*375.00

City

State

Zip Code

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

By: Kelly A. Howley ASST. SEC

Date 10/3/96

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:

*R. Milton Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/96

(615) 327-1551  
Daytime Phone #