

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JUL -7 AM 5:31

DOCUMENT # **N93000002075**

1. Corporation Name

HEALTH SOURCE ALLIANCE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**8300 COLLEGE PKWY
SUITE #200
FORT MYERS, FL 33919**

**C/O WILLIAM SNAPP, Administrator
NAPLES COMMUNITY HOSPITAL
350 7th St. North
NAPLES, FL 33940**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0406019

Not Applicable

Zip

Country

Zip

Country

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

Title(s)	Name of Officers and/or Directors	Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
Chairman of Board	William CRONE, President Naples Community Hospital	350 7th STREET NORTH	07/10/97 NAPLES, FLORIDA 33940
SECT/ Treas.	JAMES R. NATHAN, President Lee Memorial Health System	8300 College PKWY Suite 200	Fort Myers, FL 33919
Major Member	OMAR POEZE, M.D., Phys. Representative	2525 HARBOUR BLVD. #201 Port	Port Charlotte, FL 33952

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MR. JAMES R. NATHAN

Name

MR. JAMES R. NATHAN

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

8300 College PKWY #200

Suite, Apt. #, Etc.

#200

City

Fort Myers

State

FL

Zip Code

33919

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

JAMES R. NATHAN
REGISTERED AGENT MUST SIGN

Date **5/6/97**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **JAMES R. NATHAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. NATHAN 5/6/97

941-437-5

Daytime Phone

CR2E040 (12/95)