

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 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R/S*

DOCUMENT # N93000005627

1. Corporation Name

ENGLEWOOD PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business

Mailing Address

ONE PARK PLAZA  
NASHVILLE TN 37203  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

35-1611050

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| C             | CHACE, TODD DO                            | ONE PARK PLAZA   | NASHVILLE TN            |
| VC            | CISLO, DAVID DO                           | ONE PARK PLAZA   | NASHVILLE TN            |
| ST            | KNAPP, ALAN MD                            | ONE PARK PLAZA   | NASHVILLE TN            |
| D             | CHIRILLO, JOSPEH D.O.                     | ONE PARK PLAZA   | NASHVILLE TN            |
| D             | CHIRILLO, JOSPEH JR.                      | ONE PARK PLAZA   | NASHVILLE TN            |
| D             | CISLO, DAVID D.O.                         | 700 MEDICAL BLVD   | ENGLEWOOD FL 34223      |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE HALL CORP. SYSTEM INC  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 33201

Name

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

Suite, Apt. #, Etc.

City

388882882923

-11/13/96-01108-018

444375.00 444375.00

FL

CR2004 (7/93)

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*  
REGISTERED AGENT MUST SIGN

Date

10/3/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/96 (603) 327-9551