

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -1 PM 12:21

DOCUMENT # N94000000224

1. Corporation Name

PHYSICIANS' HEALTH NETWORK OF CENTRAL FLORIDA, INC.

2. Principal Office Address
**South Florida Baptist
Hospital**

Suite, Apt. #, etc.

301 N. Alexander St.

City & State

Plant City, FL

Zip

33566

Country

USA

3. Mailing Office Address

P.O. Drawer H

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33564

Country

USA

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/18/1994

5. FEI Number

593239643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

W.G. Ulbricht

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

South Florida Baptist Hospital

Suite, Apt. #, Etc.

301 N. Alexander Street

City

Plant City

State

FL

Zip Code

33566

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/26/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Aney, Brent, M.D.	301 N. Alexander St.	Plant City, FL 33566
D	Ford, Mark, D.O.	507 W. Alexander St.	Plant City, FL 33566
PD	Butler, Stephen M., M.D.	1703 Palmetto Ave.	Plant City, FL 33567
D	Davis, Betty, R.N.	301 N. Alexander St.	Plant City, FL 33566
D	Bartholmey, Charles, M.D.	1910 W. Reynolds St.	Plant City, FL 33567
STD	Ulbricht, William	301 N. Alexander St.	Plant City, FL 33566

10. 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

4/26/01

Daytime Phone #

PHYSICIANS' HEALTH NETWORK OF CENTRAL FLORIDA, INC.
2001 UNIFORM BUSINESS REPORT
ADDITIONAL DIRECTORS

DeRito, Francis A., M.D.
303 North Plant Avenue, Ste. 2
Plant City, FL 33566