

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 AM 11:08

DOCUMENT # N96000003650

1. Corporation Name

South Florida Baptist Hospital Physician
Services, Inc.

2. Principal Office Address

301 N. Alexander St

Suite, Apt. #, etc.

City & State

Plant City, Florida

Zip

33566

Country

USA

3. Mailing Office Address

301 N. Alexander St.

Suite, Apt. #, etc.

City & State

Plant City, Florida

Zip

33566

Country

USA

REINSTATEMENT

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

7/11/96

5. FEI Number

59-3333666

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

Ulbricht, W. G.

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

301 N. Alexander St.

Suite, Apt. #, Etc.

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 October, 2000

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
PD	Mallah, I	301 N. Alexander St	Plant City, FL, 33566
STD	Ulbricht, William G.	301 N. Alexander St	Plant City, FL, 33566
D	Salvato, Michael M.D.	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

October , 2000 (813)757-1205

Date

Daytime Phone #