

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 31 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006398

1. Corporation Name

THE PHYSICIAN-EMPLOYER HEALTHCARE ALLIANCE, INC

Principal Place of Business

Mailing Address

200 E LAS OLAS BLVD., SUITE 1900
FORT LAUDERDALE FL 33301

200 E LAS OLAS BLVD., SUITE 1900
FORT LAUDERDALE FL 33301



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

900 W. 49th ST
Suite, Apt. #, etc.

900 W. 49th ST.
Suite, Apt. #, etc.

Suite 400

Suite 400

Hialeah FL

Hialeah, FL

33012 U.S.A.

33012 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1999

5. FEI Number

52-2199523

Applied For

Not Applicable

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 (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	4 City / State / Zip
D	CUSHING, ROBERT	900 WEST 49 STREET, SUITE 400	HIALEAH FL 33012
D	ZACHARSKI, PAUL	3655 NW 87TH AVE	MIAMI FL 33178
D	WURTENBERGER, KENNETH	200 E LAS OLAS BLVD., SUITE 1900	FORT LAUDERDALE FL 33301
100003469621--U -11/20/00--01017--013 ****245.00 ****245.00 00178			

8. Name and Address of Current Registered Agent

CUSHING, ROBERT
900 WEST 49 STREET, SUITE 400
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/27/00

11. 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

[Signature]
Robert B. Cushing

Date

10/27/00

Daytime Phone #

305-2310102

CR20040 (800)