

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 JAN -3 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27091

1. Corporation Name

PRISM REHAB SYSTEMS, INC.

Principal Place of Business

695 ATLANTIC AVE
SUITE 11
BOSTON MA 02111

Mailing Address

695 ATLANTIC AVE
SUITE 11
BOSTON MA 02111

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

2. New Principal Office Address, If Applicable

One Ravinia Drive

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta, GA

Zip

30346

Country

USA

3. New Mailing Office Address, If Applicable

One Ravinia Drive

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta, GA

Zip

30346

Country

USA

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1989

5. FEI Number

54-1537031

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DIXON, THOMAS P.	695 ATLANTIC AVE STE 11	BOSTON MA 02111
TD	HANSEN, DAVID N.	1881 WORCESTER RD	FRAMINGHAM MA 01701
S	GILLIGAN, ALISON K.	125 EUGENE O'NEILL DR	NEW LONDON CT 06320
D	STRATTON, JR. M ARTHUR	1881 WORCESTER RD	FRAMINGHAM MA 01701
	see attached for new officers and directors		000003095490--3 -01/12/00--01013--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

THOMPSON, DALE
15950 BAY VISTA DR.
CLEARWATER FL 04020

9. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Dale S. Morris

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date

11/1/99

REGISTERED AGENT MUST SIGN

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE