

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 AUG -1 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008578

1. Corporation Name

First Physician Care of Tampa Bay, Inc.

2. Principal Office Address

30 Burton Hills Boulevard

3. Mailing Office Address

30 Burton Hills Boulevard

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Nashville, Tennessee

City & State

Nashville, Tennessee

Zip

37215

Country

U.S.A.

Zip

37215

Country

U.S.A.

**REINSTATEMENT 01-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/94

5. FEI Number  
593221742

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

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code  
32301

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

Signature of  
Registered Agent

**Brian Courtney**  
Asst. V. Pres.

Date August 1, 2002

REGISTERED AGENT MUST SIGN

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
PTAS	Tarpley B. Jones	30 Burton Hills Boulevard Suite 400	Nashville, Tennessee 37215
VPAS	Monte S. Frankenfield	30 Burton Hills Boulevard Suite 400	Nashville, Tennessee 37215

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:

*Monte S. Frankenfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02

Date

(615) 665-9066

Daytime Phone #

Monte S. Frankenfield

CR2E081 (9/01)