

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P94000062000

1. Corporation Name

First Physician Care of South Florida, Inc.

*JP* 900007115999--1  
-08/14/02--01077--011  
\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT 01-02**

2. Principal Office Address		3. Mailing Office Address	
30 Burton Hills Boulevard		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.

4. Date Incorporated or Qualified To Do Business in Florida		08/23/94
5. FEI Number 650517256		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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, do hereby verify and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *Brian Courtney* **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	Suite 400 30 Burton Hills Boulevard	Nashville, Tennessee 37215
VPAS	Monte S. Frankenfield	Suite 400 30 Burton Hills Boulevard	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* 7/31/02 (615) 665-9066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Monte S. Frankenfield

CR2E081 (9/01)