

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



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

02 AUG -1 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000062000**

1. Corporation Name

First Physician Care of South Florida, Inc.

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

**REINSTATEMENT 01-02**

2. Principal Office Address

30 Burton Hills Boulevard

Suite, Apt. #, etc.  
Suite 400

City & State  
Nashville, Tennessee

Zip Country  
37215 U.S.A.

3. Mailing Office Address

30 Burton Hills Boulevard

Suite, Apt. #, etc.  
Suite 400

City & State  
Nashville, Tennessee

Zip Country  
37215 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 ☐ \$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 certify and accept 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	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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02 (615) 665-9066

Date

Daytime Phone #

Monte S. Frankenfield

CR2E081 (9/01)