PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
01 NOV -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000002804

1. Corporation Name

PROWEH HEALTH SYSTEMS, INC.

Principal Place of Business	Mailing Address
3712 DOVER DRIVE BIRMINGHAM AL 35223 US	~~P.O. BOX 43168~~ ~~BIRMINGHAM AL 35243-0168~~ US

REINSTATEMENT 2001

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
Suite, Apt. #, etc.	2500 ACTON ROAD Suite, Apt. #, etc.
City & State	City & State BIRMINGHAM, AL
Zip / Country	Zip 35243-4226 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/05/1996

5. FEI Number: 59-3382092 ☐ 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
~~P~~	H LEE OHLMAN *	3712 DOVER DRIVE	BIRMINGHAM AL 35222
~~S~~	~~BLUEMLY, EUGENE W JR.~~	~~1000 URBAN CENTER DRIVE~~	~~BIRMINGHAM AL 35242~~
	CHANDLER, GERALD W *	3524 COUNTRYWOOD LANE	BIRMINGHAM AL 35243
		* SEE ATTACHMENT	
			100004702081--2 -12/03/01--01047--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BRADY, TRACEY 1028 ROSETREE LANE TARPON SPRINGS FL 34689	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: Tracey Brady SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN — Date: 11-6-01

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: GERALD W. CHANDLER SIGNATURE REQUIRED — 10/31/01 — 205-939-1900

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

ATTACHMENT

SECTION 7: NAMES STREET ADDRESSES OF EACH OFFICER/DIRECTOR

GERALD W. CHANDLER	C/P	3524 COUNTRYWOOD LANE	BIRMINGHAM, AL 35243
H. LEE OLMAN	D/VP/S	3712 DOVER DRIVE	BIRMINGHAM, AL 35222
RICHARD MCGLAUGHLIN	D/T	2900 ARGYLE ROAD	BIRMINGHAM, AL 35213
DONALD SCHWARTZ, MD	D	2650 ELM AVENUE, SUITE 108	LONG BEACH, CA 90806
ROGER BURKE	D	6536 MYRTLE BEACH DRIVE	PLANO, TX 75093
GREG ROMANS	VP	10852 MILLINGTON LANE	RICHMOND, VA 23233
DAVID JOHNSON	VP	300 CORPORATE PKWY, SUITE 3	BIRMINGHAM, AL 35242
J. THOMAS MARTIN	VP	2021 TRAMMEL CHASE DRIVE	BIRMINGHAM, AL 35244
MIKE O'MALLEY	VP	300 CORPORATE PKWY, SUITE 3	BIRMINGHAM, AL 35242
ROGER FRIEND	VP	206 TCHEFUNCTE OAKS	MANDEVILLE, LA 70471