

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 APR -3 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000029608

1. Corporation Name

PANHANDLE PHYSICIANS' HEALTH NETWORK, INC.

Principal Place of Business

8333-North-Davis-Highway
Pensacola, FL--32514

Mailing Address

Same

100002481551--5
-04/07/98--01081--018
****900.00 ****900.00

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable

8800 University Parkway

3. New Mailing Office Address, If Applicable

Same

4. Date Incorporated or Qualified To Do Business in Florida

4/3/96

Suite, Apt. #, etc.

Bldg. C, Suite 3

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32514

Country

Zip

Country

5. FEI Number

X 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	M. A. White, Jr.	8333 North Davis Highway	Pensacola, FL 32514
D	Roger Riggensbach	1005 Mar-Walt Drive	Ft. Walton Beach, FL 32547
D	Craig Peterson	8333 North Davis Highway	Pensacola, FL 32514
D	Bruce McGraw Michael Oleksyk	8333 North Davis Highway	Pensacola, FL 32514
D	Robert L. Rogers	1005 Mar-Walt Drive	Ft. Walton Beach, FL 32547
D	Doug Rigby Eddie A. Nagron	1005 Mar-Walt Drive	Ft. Walton Beach, FL 32547

8. Name and Address of Current Registered Agent

Thomas-D.-Tait
8333-North-Davis-Highway
Pensacola, FL--32514

9. Name and Address of New Registered Agent

Name

Janice Brown

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

8800 University Parkway

Suite, Apt. #, Etc.

Building C, Suite 3

City

Pensacola

State

FL

Zip Code

32514

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

REGISTERED AGENT MUST SIGN

Date 3/27/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

X M. A. White, Jr.

M. A. White, M.D.

3/30/98

850/474-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone