

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC -3 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037795

1. Corporation Name
VIVRA WOUND SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business 103 POWELL CT SUITE 120 BRENTWOOD TN 32027 US	Mailing Address 103 POWELL CT SUITE 120 BRENTWOOD TN 32027 US
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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		4. Date Incorporated or Qualified To Do Business in Florida 04/28/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0705153	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	VRAQUI, ROBERT A	103 POWELL CT, SUITE 120	BRENTWOOD TN 32027
D	Newbill, Matt	103 Powell Ct. Suite 120	Brentwood, TN 37027
			100003069981--2 -12/14/99--01093--031 ****750.00 ****750.00
REINSTATEMENT 99 ITS			

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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: Mary R. Adams REGISTERED AGENT MUST SIGN Date: 11/30/99

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: Matt Newbill REGISTERED AGENT MUST SIGN Date: 11/23/99 Daytime Phone #: 615 370 2700

CP92040 (8/99)