

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000006101

1. Corporation Name
IASIS HOME INFUSION AND MEDICAL EQUIPMENT, INC.

2. Principal Office Address 117 Seaboard Lane		3. Mailing Office Address 117 Seaboard Lane	
Subs. Apt. #, etc. Building E		Subs. Apt. #, etc. Building E	
City & State Franklin, TN		City & State Franklin, TN	
Zip 37067	Country USA	Zip 37067	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **11/24/1999**

5. FEI Number
82-1787764

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

NAME
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Subs. Apt. #, etc.

City
Pittsboro

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, do register with and accept the obligations of sections 807.0608 or 817.0608, F.S.

Signature of Registered Agent
Joan Bolden **JOAN BOLDEN** date **6/15/04**

REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 5 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/CEO	David R. White	117 Seaboard Lane, Bldg. E	Franklin, TN 37067
P/COO	Sandra K. McRea	117 Seaboard Lane, Bldg. E	Franklin, TN 37067
V/CFO	W. Carl Whitmer	117 Seaboard Lane, Bldg. E	Franklin, TN 37067
V/T	John M. Doyle	117 Seaboard Lane, Bldg. E	Franklin, TN 37067
S	Frank A. Coyte	117 Seaboard Lane, Bldg. E	Franklin, TN 37067
	see attached Exhibit A for others		

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 807 or 817, F.S. I further certify that when filing this reinstatement application, the reasons for dissolution have been eliminated, the corporate name satisfies the requirements of sections 807.0401 or 817.0401, 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 118.07(2)(d), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Karen H. Abbott* **KAREN H. ABBOTT** **06/16/04** **915-487-1246**

RECEIVED AND TYPED ON PRINTED NAME BY [Signature] OFFICIAL OR DIRECTOR

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EXHIBIT A

ADDITIONAL OFFICERS

Derek Morkel Operations CFO
Karen H. Abbott Assistant Secretary

All officers are located at 117 Seaboard Lane, Building E, Franklin, TN 37067.

DIRECTORS

Paul S. Levy
Jeffrey C. Lightcap
Ramsey A. Frank

All directors are located at 450 Lexington Avenue, Suite 3350, New York, NY 10017.

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

IASIS HOME INFUSION AND MEDICAL EQUIPMENT, INC.

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