

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1998 FEB 13 PM 3:32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **V13148**

1. Corporation Name

**Provider Healthcare, Inc.**

Principal Place of Business

**201 North Elm  
 Sallisaw, OK 74955**

Mailing Address

**Mat Madison Turner  
 Danna, McNary  
 150 N. Meramec, 4th Floor  
 Clayton, MO 63105**

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

**2/11/92**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-3108453**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Kelly Mitchell	201 North Elm	Sallisaw, OK 74955
Secty.	"	"	"
Dir.	"	"	"

**REINSTATEMENT**

90-98  
 700  
 2/13/98

8. Name and Address of Current Registered Agent

**CT Corporation System  
 1200 S. Pine Island Road  
 Plantation, Florida 33324**

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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

*J. L. Miles*  
**J. L. Miles, Assl. Secy.**

REGISTERED AGENT MUST SIGN

Date **January 30, 1998**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

*1/31/98*

**918-775-6200**

Daytime Phone #

CR2E040 (1/2/96)