



# REINSTATEMENT

1. Entity ID Number: <b>001749384</b>	2. The name of the entity is: <b>COMMUNITY HEALTH NETWORK, INC.</b>
3. Date of Revocation: <b>09-13-2023</b>	4. Reason for Revocation: <b>Annual Report</b>
5. Entity Type: <b>Non-Profit Corporation</b>	
6. The reinstatement requirements are: <input checked="" type="checkbox"/> Annual Reports (# of reports) 1 (report filing fee) \$ 20 Total Fees \$ 20 <input checked="" type="checkbox"/> Penalty fees (# of years) 1 (penalty fee) \$ 25 Total Fees \$ 25 <input type="checkbox"/> Replacement filing fee \$ <input type="checkbox"/> LOGS (Tax Good Standing) <input type="checkbox"/> Legislative Act/Court Order <input type="checkbox"/> Change of Agent Form (filing fee) \$ <input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b> <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Amendment (name change required)	
7. Accompanied by	

*MS* FILED 920  
OCT 30 2023  
BY 030357