

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 NOV -1 PM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 836005

1. Corporation Name

Symphonix Health Insurance, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # 2111 Chestnut Suite, Apt. #, etc. Suite 270 City & State Glenview, IL Zip 60025		Country USA		3. Mailing Office Address 2111 Chestnut Suite, Apt. #, etc. Suite 270 City & State Glenview, IL Zip 60025		Country USA	
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4. Date incorporated or Qualified To Do Business in Florida 3/3/1984		Applied For Not Applicable	
5. FEI Number 38-2044243			
6. CERTIFICATE OF STATUS DESIRED		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Chief Financial Officer

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

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32399

REINSTATEMENT

2014

700266163607

11/04/14--01023--016 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Arthur C. Carlos, III	2111 Chestnut, suite 270	Glenview, IL 60025
V/T	Mark S. Wray	2111 Chestnut, suite 270	Glenview, IL 60025
V/S	Kathleen Cortez	2111 Chestnut, suite 270	Glenview, IL 60025
V	Thomas Lerche	2111 Chestnut, suite 270	Glenview, IL 60025
D/C	Eric E. Whitaker, MD	900 N. Michigan, suite 1100	Chicago, IL 60611
D	Mark A. Radzik	222 W. Adams, suite 1980	Chicago, IL 60606

10. E-mail Address: achoi@symphonixhealth.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Mark A. Radzik 10/7/2014 847-834-2113 0142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #