

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Kathleen Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

10/2

DOCUMENT # F99000005898

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1. Corporation Name
SPECTRUM MANAGED CARE, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 101 EAST KENNEDY BLVD., SUITE 2900 101 EAST KENNEDY BLVD., SUITE 2900
 TAMPA FL 33602 TAMPA FL 33602



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	
- Suite, Apt. #, etc. 526 EAST PARK AVE		Suite, Apt. #, etc. 526 EAST PARK AVE		11/12/1999 -	
City & State Tallahassee, FL		City & State Tallahassee FL		5. FEI Number 75-2664383	
Zip 32301		Country USA		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
C	WARD, JEFFREY S	610 WEST ASH STREET, SUITE 1500	SAN DIEGO CA 92101
P	DIANA ROLLINSON HAMILTON	8585 STEMMONS FREEWAY, SUITE 200	DALLAS TX 75247
			800004669458--6 -11/08/01--01076--020 ****158.75 ****158.75
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NRAI SERVICE, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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 SIGNATURE REQUIRED Date _____
 REGISTERED AGENT MUST SIGN

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: Diana Rollinson Hamilton DIANA ROLLINSON HAMILTON 10/13/01 214-688-1992
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X217

CR2E040 (8/01)



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October 25, 2001

Florida Department of State
Division of Corporations
Tallahassee, FL 32304

RE: Spectrum Managed Care, Inc.
I.D. No. F9900005898

Sir/Madam:

Please accept the attached Application for Reinstatement for filing on behalf of Spectrum Managed Care, Inc., which was recently received in our offices. Unfortunately, we never received the original annual report from Florida for filing. Accordingly we would appreciate any assistance regarding waiving the penalty fees.

If you have any questions, please contact the undersigned.

Very truly yours,

Jeffrey S. Ward, CEO