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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT
CENTURION OF FLORIDA, LLC

Certificate of Status	**0**
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PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L15000190073

1. Limited Liability Company's Name
Centurion of Florida, LLC

2. Principal Office Address - No P O Box #		3. Mailing Office Address	
7700 Forsyth Blvd.		7700 Forsyth Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Ste. 800		Ste. 800	
City & State		City & State	
Saint Louis, MO		Saint Louis, MO	
Zip	Country	Zip	Country
63105	USA	63105	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
11/12/2015

6. FEI Number
81-0687470
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. 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

Suite, Apt. #, etc.

City	State	Zip Code
Plantation	FL	33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Kristin Bolden
Kristin Bolden
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 12/20/2016

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Centurion, LLC	7700 Forsyth Blvd. Ste. 800	Saint Louis, MO 63105

REINSTATEMENT
2016

11. E-mail Address: cpolite@centene.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0112, F.S., and that all fees owed by the limited liability company have been paid. 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 12/16/16 Daytime Phone #: (314) 725-4477

Typed or printed name of signing Authorized Representative/Manager: Jason Harrold

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DEC 20 2016
M. WILLIAMS