

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

1997 DEC -8 AM 9:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005806**

1. Corporation Name  
**THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.**

Principal Place of Business 4890 W KENNEDY BLVD SUITE 200 TAMPA FL 33609	Mailing Address 4890 W KENNEDY BLVD SUITE 200 TAMPA FL 33609
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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 <b>11/08/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>31-1487805</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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.	Mark Doyne, MD	6300 W. Parker Drive	Plano, TX 75229
VP	Barbara LeTourneau, MD <i>Director</i>	1305 Pinehurst Ave	St. Paul, MN 55116
Sec/Treas.	Dale Benson, MD <i>Director</i>	1701 North Senate Blvd.	Indianapolis, IN 46202
EVP	Roger S. Schenke <i>Director</i>	4890 W. Kennedy Blvd, Ste 200	Tampa, FL 33609

**REINSTATEMENT** *07/19/97 12/18/97*

8. Name and Address of Current Registered Agent <b>SCHENKE, ROGER S 4890 W KENNEDY BLVD SUITE 200 TAMPA FL 33609</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. <b>100002369901--9</b> City <b>***245, State <b>FL</b> Zip Code <b>33645.00</b></b>	
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\*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]* Date **11/12/97**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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]* 11/12/97 813-287-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Roger S. Schenke, EVP Date Daytime Phone #

CFR2040 (8/97)