

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 JUN 20 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000045620
1. Corporation Name
TENEX HEALTH, INC.

2. Principal Office Address - No P.O. Box # 26902 Vista Terrace		3. Mailing Office Address 26902 Vista Terrace	
Subs., Apt. #, etc.		Subs., Apt. #, etc.	
City & State Lake Forest, California		City & State Lake Forest, California	
Zip 92630	Country USA	Zip 92630	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
05/22/2009

5. FEI Number 270242686	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Subs., Apt. #, Etc.

City Tallahassee	State FL	Zip Code 32301
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700287100547

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 M. Zender **Melissa Zender** Date 6/20/16
Asst. Vice President
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	Bernard Morrey, M.D.	26902 Vista Terrace	Lake Forest/CA/26902
D	Clay Wilemon	26902 Vista Terrace	Lake Forest/CA/26902
D/O	Jagi Gill, M.D.	26902 Vista Terrace	Lake Forest/CA/26902
D/P	Jay Hallinan	26902 Vista Terrace	Lake Forest/CA/26902
D/T	Ivan Mijatovic	26902 Vista Terrace	Lake Forest/CA/26902

10. E-mail Address: sheri@tenexhealth.com **R. HUNT**
(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. 617.155, F.S.

SIGNATURE: [Signature] **6/13/16**

PRINT NAME AND TYPE OF SIGNING OFFICER OR DIRECTOR _____ DATE _____

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 185036 4324989

AUTHORIZATION :

COST LIMIT : \$1,358.75

[Handwritten Signature]

ORDER DATE : June 17, 2016

ORDER TIME : 9:38 AM

ORDER NO. : 185036-005

CUSTOMER NO: 4324989

RECEIVED
GENERAL SERVICES
16 JUN 20 AM 10:53

DOMESTIC FILINGS

NAME: TENEX HEALTH, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext# 62956

JUN 20 2016

EXAMINER'S INITIALS R. HUNT