

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

97 DEC 23 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005521

1. Corporation Name
MANAGED CARE NETWORKS, INC.

Principal Place of Business
8100 GOVERNORS SQUARE BLVD.
SUITE 403
MIAMI LAKES FL 33016
US

Mailing Address
8100 GOVERNORS SQUARE BLVD.
SUITE 403
MIAMI LAKES FL 33016
US



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
Suite, Apt. #, etc.
City & State
Zip Country

4. Date incorporated or Qualified To Do Business in Florida 01/24/1994
5. FEI Number 65-0475972
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for CABRERA, MICHAEL A. and CABRERA, DONNA L.

REINSTATEMENT 1997
300002384373--0
-12/29/97-0106172017
****750.00 ****750.00
12/23/97

8. Name and Address of Current Registered Agent

CABRERA, MICHAEL A.
8100 GOVERNORS SQUARE BLVD.
SUITE 403
MIAMI LAKES FL 33016

9. Name and Address of New Registered Agent

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
HI REGISTERED AGENT MUST SIGN

Date 12-12-97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-12-97 Daytime Phone #

CREDED (8/97)