PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AMEND

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP -1 PM 2:16

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076258

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09/07/05--01027--012 **61.25

1. Corporation Name
IFARM/emedicaid, Inc.

2. Principal Office Address	3. Mailing Office Address
914 So Florida Ave.	P.O. Box 2476
Suite, Apt. #, etc. #209	Suite, Apt. #, etc.
City & State LAKELAND, FL	City & State LAKELAND FL
Zip 33803 Country Polk	Zip 33806 Country Polk

4. Date Incorporated or Qualified To Do Business in Florida SEPT 30, 1998

5. FEI Number 59-3557192 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DAVID POBJECKY, ATTY

Street Address (P.O. Box Number is Not Acceptable): 786 AVE C, S.W.

Suite, Apt. #, Etc.:

City: WINTER HAVEN | State: FL | Zip Code: 33880

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 _____ Date 8-25-05

REGISTERED AGENT MUST SIGN

CR2E061 (01/05)

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
T	WILLIAMS, JACQUELYN S.	426 PALMOLA ROAD	LAKELAND, FL 33803
D	DR. AMASA R. PITTS, JR	45 WINDING ROAD	VALDOSTA, GA 31602
PRES	BRUCE F. HOUSER	906 CLEARVIEW AVE	LAKELAND, FL 33801
V. SEC	CYTHIA JOHNS	4325 HOMEWOOD LANE	LAKELAND, FL 33811
D	JEFFORY C. LEE, SR.	6649 FOREST HILL RD	W. PALM BCH, FL 33413
D Chair	DR. WILLIAM Mock Richard Murphy	121 No -20TH ST. 107 N. Madison St.	OPELIKA, AL 36801 Thomasville, GA 31799

10. 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.

RICHARD C. MURPHY JR

SIGNATURE: Richard C. Murphy Jr CHAIRMAN/COO. 8-15-05 (863) 698-4534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #