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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 FEB -2 AM 9:

100308772691

CR2E081 (11/10)

DOCUMENT # F06000001546

1. Corporation Name

Mercy Health Plan Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
One West Elm Street		One West Elm Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 100		Suite 100	
City & State		City & State	
Conshohocken		Conshohocken	
Zip	Country	Zip	Country
19428	USA	19428	USA

4. Date Incorporated or Qualified To Do Business in Florida
1/9/2006

5. FEI Number
22-2483605
☐ 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
Corporation Service Company

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

Suite, Apt. #, etc.

City	State	Zip Code
Tallahassee	FL	32301

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 Roxanne Turner Asst. Vice President Date 2/2/2018

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) See Attached Exhibit A

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Stuart Kilpinen	20555 Victor Parkway	Livonia, MI 48152
D	Edward D. McBride	830 Schuylkill Drive	Philadelphia, PA 19146
D	David Kotch	2929 Walnut Street	Philadelphia, PA 19104
D	Sister Christine McCann	515 Montgomery Avenue	Merion Station, PA 19066
D	Sarah Ellen Lenahan, EdD	444 Devereux Drive	Villanova, PA 19085
D	Peter J. Schied	1901 Terwood Road	Huntingdon Valley, PA 19006

). E-mail Address: CMikus@mercyhealth.org
(To be used for future annual report notification)

). 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.817.155, F.S.

SIGNATURE: Catherine Mikus CATHERINE MIKUS 610-567-6809

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

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

ACCOUNT NO. : I20000000195

REFERENCE : 055049 7266213

AUTHORIZATION :

COST LIMIT : $ 918.75

ORDER DATE : February 1, 2018

ORDER TIME : 1:48 PM

ORDER NO. : 055049-005

CUSTOMER NO: 7266213

REINSTATEMENT

NAME: MERCY HEALTH PLAN INC.

RECEIVED
2018 FEB -2 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____