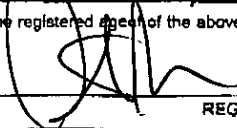


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S50584 1. Corporation Name Managed Care of North America, Inc. 5310 NW 33rd Avenue, Suite 219 Fort Lauderdale, Florida 33309			
2. Principal Office Address 5310 NW 33rd Ave Suite, Apt. #, etc. Suite 219 City & State Fort Lauderdale FL Zip 33309 Country USA		3. Mailing Office Address 5310 NW 33rd Ave Suite, Apt. #, etc. Suite 219 City & State Fort Lauderdale, FL Zip 33309 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 700009720947 12/30/02--01002--003 **1050.00 REINSTATEMENT 00-02	
		5. FEI Number 65-0303864 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 for Additional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent Name STEVEN MISHAN Street Address (P.O. Box Number Is Not Acceptable) 1110 Brickell Avenue Suite, Apt. #, Etc. Postbox one City Miami Florida 33131 State FL Zip Code			
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 12/4/02 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation: must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JEFFREY P. FEINGOLD	1400 SEDONA	DELRAY BCH, FL 33446
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.			
SIGNATURE:		12.10.02 561665 0991 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Home #	

CR2001 (9/01)