B98000000586

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B98000000586

1. Name of Limited Partnership: Panhandle Management Partners, L.P.

DO NOT WRITE IN THIS SPACE

4nt 5/11

2. Mailing Address: 845 N. Garland Ave
Suite, Apt # etc: 200
City & State: Orlando, FL
Zip: 32801 Country: USA

3. Principal Office Address: 845 N. Garland Ave
Suite, Apt # etc: 200
City & State: Orlando, FL
Zip: 32801 Country: USA

4. Date First became a Limited Partnership in Florida: 10/2/98

5. FEI Number: X Applied for / Not Applicable

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

7. State or Country of Formation: TN

8a. Capital Contributions as Shown on Record: 250

8b. Amount of Capital Contributions in FLORIDA to date: 0

FEES:
1) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.
3) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. If changed, new registered agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt # etc
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.1105, Florida Statutes, the above named limited partnership organized or registered to do business under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partners. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 620.105, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do Not Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
North American Medical Management - Florida.	845 N Garland	Orlando, FL 32801	F94000048477
See Attached			

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****641.25 ****641.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i). I further certify that the information supplied is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership or receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 5/3/99

Typed or Printed Name of General Partner Signing Form: Jeffrey Cassell VP & Asst Sec PMC, FL Telephone Number: 407-843-3775

CR2E039 (12/98)