PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 23 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002826

1. Corporation Name

ANCILLARY CARE MANAGEMENT, INC.

2. Principal Office Address	3. Mailing Office Address
725 S. Figueroa Street	725 S. Figueroa Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 2150	Suite 2150
City & State	City & State
Los Angeles, CA	Los Angeles, CA
Zip: 90017 Country: USA	Zip: 90017 Country: USA

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida: 06/06/2002

5. FEI Number: 95-4855887 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional fee required for certified copy of status.

MRS

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

700024396887
11/04/03--01014--026 **750.00
700024396887
11/04/03--01014--027 **8.75

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: NRAI Services, Inc. by: C. Baclet, Vice President
REGISTERED AGENT MUST SIGN

Date: 10/23/03

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
PCD	Willcutts, H. David	725 S. Figueroa St. Ste, 2150	Los Angeles, CA 90017
VSD	McNulty, Thomas J. Jr.	725 S. Figueroa St. Ste, 2150	Los Angeles, CA 90017
CFO	Sherlock, Christopher M.	725 S. Figueroa St. Ste. 2150	Los Angeles, CA 90017
D	Jensen, David A.	16 Gould Hill Road	Contoocook, NH 03229
D	McDonagh, Bernard F.	501 Mount Curve Blvd.	St. Paul, MN 55116
D	Lester, Michael K.	12131 113th Ave. NE Ste. 202	Kirkland, WA 98034

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: Thomas J. McNulty, Jr. 10/16/03 213/213-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SCHEDULE A

ANCILLARY CARE MANAGEMENT, INC.
A Delaware Corporation

ADDITIONAL DIRECTORS

Name	Street Address	City / State / Zip
Director	Kevin L. Roberg	1695 Hunter Drive Medina, MN 55391
Director	David D. Stevens	1640 Century Center Parkway, Suite 101 Memphis, TN 38134