

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR 27 11 01:52

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CR2E081 (11/10)

DOCUMENT # F06000005213

1. Corporation Name
Ancillary Management Solutions, Inc.

2. Principal Office Address - No P.O. Box #
One Post Street

3. Mailing Office Address
same as principal

Suite, Apt. #, etc.
35th Floor

Suite, Apt. #, etc.

City & State
San Francisco

City & State

Zip Country
94104 San Francisco

Zip Country
94104 USA

4. Date Incorporated or Qualified To Do Business in Florida
8/8/2006

5. FEI Number
621833333

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 105
Suite, Apt. #, Etc.
City State Zip Code
Tallahassee FL 32302

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
Stephanie Milnes
REGISTERED AGENT MUST SIGN

Stephanie Milnes
Asst. Vice President

Date
4/27/15

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
DIP	Stanton McComb 8741 Landmark Road, Richmond, VA 23228		
DVP/Sec	Willie C. Bogan One Post Street, San Francisco, CA 94104		
DVP/IT	Todd Baldanzi 8741 Landmark Road, Richmond, VA 23228		
Assistant Secretary	Karen Pineda One Post Street, San Francisco, CA 94104		

10. E-mail Address: Karen.Pineda@McKesson.com

(To be used for future annual report notification)

11. 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: *Karen Pineda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/30/15
Daytime Phone #

K. ASHTON

2852

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

ACCOUNT NO. : I20000000195

REFERENCE : *569279* 4392992

AUTHORIZATION

COST LIMIT : \$ 900.00

ORDER DATE : March 30, 2015

ORDER TIME : 7:58 AM

ORDER NO. : 569279-035

CUSTOMER NO: 4392992

15 APR 27 AM 10:52

REINSTATEMENT

NAME: ANCILLARY MANAGEMENT SOLUTIONS
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen

EXAMINER'S INITIALS _____