10/14/2015 4:21:48 PM From: To: 8506176384(2/2)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000005861

1. Corporation Name
VERICARE MANAGEMENT, INC.

2. Principal Office Address - No P.O. Box		3. Mailing Office Address	
4715 VIEWRIDGE AVE		SAME	
Suite, Apt #, etc. SUITE 230		Suite, Apt #, etc.	
City & State SAN DIEGO, CA		City & State	
Zip 92123	Country USA	Zip	Country

CR2E083 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida	6/30/1994	
5. FEI Number	33-0621659	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: NATIONAL CORPORATE RESEARCH
Street Address (P.O. Box Number is Not Acceptable): 115 NORTH CALHOUN STREET SUITE #4
Suite, Apt. #, Etc.
City: TALLAHASSEE State: FL Zip Code: 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: [signature] Asst SEC. Date 10/13/15
REGISTERED AGENT MUST SIGN SAMANTHA ALEXANDER

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
PRES	CINDY WATSON	4715 VIEWRIDGE AVE STE 230	SAN DIEGO CA 92123
CFO	BENNETT VOIT	4715 VIEWRIDGE AVE STE 230	SAN DIEGO CA 92123

REINSTATEMENT
2014 2015

10. E-mail Address: buddy.voit@vericare.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: [signature] 10/13/15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

FL010 - 03/17/2013 Wolters Kluwer Online

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
VERICARE MANAGEMENT, INC.

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