1 of 2

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08000001513

1. Corporation Name

WellMed Network of Florida, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8637 Fredricksburg Rd.		8637 Fredricksburg Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Ste. 500		Ste. 500	
City & State		City & State	
San Antonio, TX		San Antonio, TX	
Zip	Country	Zip	Country
78240	USA	78240	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
04/03/2008

5. FEI Number
352314192

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

$30.00 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

Suite, Apt. #, etc.

City	State	Zip Code
Plantation	FL	33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent Michele Miller Assistant Secretary Date 10/09/2014

REGISTERED AGENT MUST SIGN

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
P/D	George M. Rapier, III, MD	8637 Fredricksburg Rd., Ste 500	San Antonio, TX 78240
T	Robert W. Oberrender	9900 Bren Rd. East	Minnetonka MN 55343
D	Richard Whittaker, MD	8637 Fredricksburg Rd., Ste 500	San Antonio, TX 78240
D	Carlos Hernandez, MD	8637 Fredricksburg Rd., Ste 500	San Antonio, TX 78240

10. E-mail Address: CT-statecommunications@wolterskluwer.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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] October 9, 2014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL038 - 05/17/2013 Wolters Kluwer Online

K. ASHTON

Florida Department of State

Division of Corporations

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Division of Corporations
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CORPORATION REINSTATEMENT

WELLMED NETWORK OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$236.25

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