2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 23, 2009
Secretary of State

DOCUMENT# F08000004794

Entity Name: AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC.

Current Principal Place of Business:

6565 AMERICAS PKWY, SUITE 110
ALBUQUERQUE, NM 87110

New Principal Place of Business:

Current Mailing Address:

6565 AMERICAS PKWY, SUITE 110
ALBUQUERQUE, NM 87110

New Mailing Address:

FEI Number: 20-2073598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAREN L. SHIELDS

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: MCCORMICK, AILEEN
Address: 3800 BUFFALO SPEEDWAY, SUITE 400
City-St-Zip: HOUSTON, TX 77098

Title: DVP ( ) Delete
Name: PACE, NICHOLAS J ASSISEC
Address: 4425 CORPORATION LANE
City-St-Zip: VIRGINIA BCH, VA 23462

Title: S ( ) Delete
Name: BALDWIN, STANLEY F
Address: 4425 CORPORATION LANE
City-St-Zip: VIRGINIA BCH, VA 23462

Title: T ( ) Delete
Name: ANGLIN, SCOTT W
Address: 4425 CORPORATION LANE
City-St-Zip: VIRGINIA BCH, VA 23462

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: SHIELDS, KAREN L
Address: 4425 CORPORATION LANE
City-St-Zip: VIRGINIA BCH, VA 23462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN L. SHIELDS VP 10/23/2009

Electronic Signature of Signing Officer or Director — Date