

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
CORRECTITONAL MEDICAL CARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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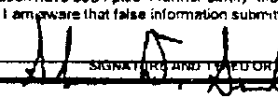
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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F14000002839			
1. Corporation Name Correctional Medical Care, Inc.			
2. Principal Office Address - No P.O. Box # 980 Harvest Drive Suite, Apt. #, etc. Suite 202 City & State Blue Bell, PA Zip 19422 Country USA		3. Mailing Office Address Same as Principal Address Suite, Apt. #, etc. City & State City State Zip Code FL 33324	
		4. Date Incorporated or Qualified To Do Business in Florida May 1, 2001 5. FEIN Number 23-3084697 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 C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, etc. City Plantation State FL Zip Code 33324			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0503 or 817.0503, F.S. Signature of Registered Agent  Jennifer Quinn, Assistant Secretary Date 5/9/2017 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
CEO	Maria Carpio	980 Harvest Drive, Suite 202	Blue Bell, PA 19422
President	Emre Umar	980 Harvest Drive, Suite 202	Blue Bell, PA 19422
VP	Shane Sunday	980 Harvest Drive, Suite 202	Blue Bell, PA 19422
REINSTATEMENT			
10. E-mail Address: cmc_bus01@cormedcare.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 807 or 817, F.S., and further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. 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: 		5/9/2017 215-542-5800 Date Daytime Phone #	