2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 17, 2012
Secretary of State

DOCUMENT# F95000000687

Entity Name: INTERCARE MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

160 E PARK AVE
LAKE WALES, FL 33853 US

New Principal Place of Business:

250 E. PARK AVENUE
LAKE WALES, FL 33853 US

Current Mailing Address:

P.O. BOX 2368
LAKE WALES, FL 338592368

New Mailing Address:

P O BOX 2368
LAKE WALES, FL 338592368

FEI Number: 51-0362743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAFF, TULA M ESQUIRE
3399 CYPRESS GARDENS RD
SUITE C
WINTER HAVEN, FL 33884 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: TULA M. HAFF

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: ISLA, CEILA
Address: 250 E. PARK AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: ST
Name: BRADLEY, HELENE
Address: 250 E. PARK AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: D
Name: RUMFELT, THOMAS B
Address: 250 E PARK AVE
City-St-Zip: LAKE WALES, FL 33853

I hereby 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 all other like empowered.

SIGNATURE: HELENE BRADLEY ST 09/17/2012

Electronic Signature of Signing Officer or Director — Date