PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS DOCUMENT # F95000003260 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS DOCUMENT # F95000003260 Gene 100 State DIVISION OF CORPORATIONS AMERICAN MEDICAL PLANS, INC Malling Address 1200 BSCAME BLVD. STE 108 IZED BSCAME BLVD. STE 108 MAM R. 33181 Malling Address 1200 BSCAME BLVD. STE 108 IZED BSCAME BLVD. STE 108 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Control of the Address, If Applicable 2. New Mining Address 3. New Malling Office Address, If Applicable 4. Date Incorporated or Cualified To Do Business in Florida OT/07/1995 2. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable 5. FEI Number APPLED FOR Applicable 1 SE 3 Ave., #2900 2016, Add res, If Applicable Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Address of Each Officer and/or D				and the second second	110 (1-1) (10) (10) (10)	TOPPENTING ALL A		
FUR REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # F950000032600 1. corporation Name AMERICAN MEDICAL PLANS, INC AMERICAN MEDICAL PLANS, INC Principal Place of Business Mailing Address 1200 BECAME BLID. STE 108 Mailing Address 1200 BECAME BLID. STE 108 Mailing Address	APPLICATION FLORIDA DEPARTMENT OF STATE					ING THIS I WE	N.	
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Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director Chy/State/Zip DC DORNE, ALAN 1900 SINCAMUS BAX Numbers) 1 DC ELKINS, ROBERT N M.D. 1000 SINCAMUS BAX NUMBERS, STEX NOX. MANULEX SINCA	Zip 33131	Country	Zip Count 33131 LISA		CERTIFICATE	E OF STATUS DESIRED		
DC ELKINS, ROBERT N M.D. 1 SE 3 Ave., #2900 Miami, FL 33131	Title(s)	Name of Officers and/or Directors			4	/ State / Zip		
			1 SE 3 A	ve., #290	0	Miami, FL	33131	
D HANSON, ERIC SHARE WROHNGERUDA WROHNE CON			1 SE 3 A	ve., #290	10 Ik	Miami, FL	33131	
I SE 3 Ave., #2900 Miami, FL 33131 D RAOME, EARL HENFENDIA WEREN STATE NOT INAME RESIDENT	D	RACINE, EARL	12005-2003AV	NE OLIVIÇ SHEKN	*			
D SEPPRA, CAROLINA G M.D. 1 SE 3 Ave., #2900 Miami, FL 33131 I SEPPRA, CAROLINA G M.D. 1 SE 3 Ave., #2900 Miami, FL 33131	D	SIERIRA, CAROLINA G M.D.	16508-500QAV			INNER STOR		
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Name and Address of Current Registered Agent Name CRAIG M. DORNE, P.A.	CRAIG M. DORNE. P.A.							
Street Address (P.O. Box Number is Not Approximately 8, 75 Street Address (P.O. Box Number is Not Approxim	SUIT	E 2900			B(5 *******8.75 8 201030-011	
City City 20 Code 10. I, being appointed the registred agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.	<u></u>		e named corporation, am familiar v		bligations of Secti	on 607.0505, F.S.		
Signature of Registered Agent AGENT MUST SIGN Date		Agent	TURE REQI	JIRED		Date /		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 🗷 No 🗌	11. Do De	bes this corporation pay a pept. of Revenue under S.	ny intangible tax to tl 199.032, Florida Sta	he lutes. Yes	🗷 No 🗌			
12. 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, F.S. That all fees owed by the corporation have been paid and the names of individuals listed on this point of on to qualify for an exemption under section, 19,07(3)(1), F.S. The information indicated on this point of a solution is true and my ensure that there is the requirement is true and my ensure that there is the requirement is true and my ensure that there is the requirement of section, 19,07(3)(1), F.S. The information indicated	this rein owed by	istatement application, the reason for dissol y the corporation have been paid and the n	ution has been eliminated, the corp arries of individuals listed on this fo	orate name satisfies m do not quality for	the requirements an exemption unc	of section 607.0401 or 61	7.0401 F.S. that all fees	
on this application is true and accurate, and my signature shall have the same left flect as it made under oath.		Stent 1	FILSPIC			Pinette el assance en a secto el assance manuel se arcana		
SIGNATURE: BIGNATURE AND TYPED ON PRINTED NAME OF BIGNING OF SCALOR DENK GTON Dete	SIGNAT		TED NAME OF BIGHING OF ACLE OF	A Envi Eur			Daytime Phone 8	