

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB -5 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F950000005711

1. Corporation Name

Spectrum Primary Care, Inc.

2. Principal Office Address 12647 Olive Blvd. **Mailing Office Address** 12647 Olive Blvd.

St. Louis, MO 63141

St. Louis, MO 63141

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00-02

4. Date Incorporated or Qualified To Do Business in Florida 11/22/95

5. FEI Number
43-1689641

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

CT Corporation System

900004932039 --4

Street Address P.O. Box Number is Not Acceptable

1200 South Pine Island road

02/10/02 01005 013

***1050.00 ***1050.00

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 55 or 55.5, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

1/31/02

9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least directors

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Miles, Richard H.	12647 Olive Blvd.	St. Louis, MO 63141
EVD	Moore, James W.	Same as above	
S	Kim, Ruth E.	Same as above	
T	Mahoney, Melvin M.	Same as above	
VD	Powers, Sally A.	Same as above	

LS

10. I hereby certify that I am an officer or director of the above named corporation and I am familiar with and accept the obligations of section 55 or 55.5, F.S.

SIGNATURE:

Melvin M. Mahoney

Melvin M. Mahoney, Treasurer

1/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #