 2082

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 : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

INDEPENDENCE HEALTHCARE MANAGEMENT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,058.75

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2009 APR -6 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E081 (12/08)

DOCUMENT # 9R00002697

1. Corporation Name

Independence Healthcare Management, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1901 Market Street		1901 Market Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Philadelphia PA		Philadelphia PA	
Zip	Country	Zip	Country
19103-1480	USA	19103-1480	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 23-2671650 ☐ 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

Street Address (P.O. Box Number is Not Acceptable): 1203 Governors Square Boulevard

Suite, Apt. #, Etc.: Suite 101

City: Tallahassee | State: FL | Zip Code: 32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Korri A. Behler — REGISTERED AGENT MUST SIGN

KORRI A. BEHLER
Special Assistant Secretary

Date: 4/6/09

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
D/C/P	Christopher D. Butler	1901 Market Street	Philadelphia PA 19103-1480
D/C/S	Thomas F. Pappalardo	1901 Market Street	Philadelphia PA 19103-1480
D/S/VP	I. Steven Udvarhelyi	1901 Market Street	Philadelphia PA 19103-1480
Sec.	Lilton R Taliaferro, Jr., Esq.	1901 Market Street	Philadelphia PA 19103-1480

10. I certify that I am an officer or director of 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 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an examination contained in Chapter 119, F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Christopher D. Butler — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/2009 — Date

215-241-2400 — Daytime Phone #

FL010 - 01/06/2009 CT System Online

B. Mitchell APR 6 2009