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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION Kathe Secret			RTMENT OF STA rine Harris ary of State corporations	TE	FILED 01 OCT 18 PM 3/55		
DOCUMENT # F9900005336 1. Corporation Name				[SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Ī	isease Management Inc.						
	ıl Office Address 'aukegan Road	· ·	. Mailing Office Address One Baxter Parkway				
Suite, Apt. #, etc.		Suite, Apt. #, etc. DF6-4W		4. Date Inco	Date Incorporated or Qualified To Do Business in Florida 10/18/1999		
City & State McGaw, Illinois		City & State Deerfield, Illinois		5. FEI Numb 36-41102		Applied For	
Zip 60085	Country USA	Zip 60015	Country	- 6	TE OF STATUS DESIDED V \$8.7	Not Applicable 5 Additional Fee required or a Certificate of Status	
		7. Name and	Address of Current Re	egistered Agent			
Signature o Registered	Agent Auga Wyar	ove named corporation, am onnie Bryan, S REGISTERED AGENT MUS	Special Asst.	Secy.	****908. State Zip Code FL 33324	<u>0106</u> D006	
Titles	Name of Officers and/or Directors		Street Address Officer and/or I		City / State / Zip		
	See attached list		B olevio V	47 2 0 3 3 GB 2 0	Figure 12 Figure		
this rei owed b on this	y that I am an officer or director or the reconstatement application, the reason for divided by the corporation have been paid and the application is true and accurate, and my TURE SIGNATURE AND TYPED OR PROPERTY.	ssolution has been eliminate names of individuals listed signature shall have the sai	ed, the corporate name s on this form do not quali me legal effect as if made	atisfies the requiremen fy for an exemption und e under oath.	its of section 607.0401 or 617.04 er section 119.07(3)(i), F.S. The	01, F.S. that all fees information indicated	
	OF SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING O	FFICER OR DIRECTOR		Date Daytin	ne Phone #	

FL010 - 10/03/01 C T System Online

DAGC 283

Directors, Officers Report

RMS Disease Management Inc.

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