

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

01 NOV -2 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005898

1. Corporation Name

SPECTRUM MANAGED CARE, INC.

Principal Place of Business

Mailing Address

101 EAST KENNEDY BLVD., SUITE 2900  
TAMPA FL 33602

101 EAST KENNEDY BLVD., SUITE 2900  
TAMPA FL 33602

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1999 -

- Suite, Apt. #, etc.

Suite, Apt. #, etc.

526 EAST PARK AVE

526 EAST PARK AVE

Tallahassee, FL

Tallahassee FL

Zip 32301

Country USA

Zip 32301

Country USA

5. FEI Number

75-2664383

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	WARD, JEFFREY S	610 WEST ASH STREET, SUITE 1500	SAN DIEGO CA 92101
P	DIANA ROLLINSON HAMILTON	8585 STEMMONS FREEWAY, SUITE 200	DALLAS TX 75247
			800004669458--6 -11/06/01--01076--020 ****158.75 ****158.75
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NRAI SERVICE, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 617.0401, 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 exemption under section 119.07(3)(i), 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:

DIANA ROLLINSON HAMILTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X217



202

October 25, 2001

Florida Department of State  
Division of Corporations  
Tallahassee, FL 32304

RE: Spectrum Managed Care, Inc.  
I.D. No. F9900005898

Sir/Madam:

Please accept the attached Application for Reinstatement for filing on behalf of Spectrum Managed Care, Inc., which was recently received in our offices. Unfortunately, we never received the original annual report from Florida for filing. Accordingly we would appreciate any assistance regarding waiving the penalty fees.

If you have any questions, please contact the undersigned.

Very truly yours,

A handwritten signature in dark ink, appearing to read "JS Ward", is written over a horizontal line.

Jeffrey S. Ward, CEO