## PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED 06 JUN 14 FM 1:45				
DOCUMENT # J 29 030  1. Corporation Name							ANT ANT ANTALANTINA BELL A MARKATERATUA			
AmeriHealth of Florida, Inc.										
2. Principal Office Address 10151 Deerwood Park Blvd. 3. Mailing				Office Address	St., 36th Fl.	OCIM	Kon a creeds	1 <del>/(12/</del> 05).	04-06	
Bldg	Bldg. 200, Ste. 400			Suite, Apt. #, etc. Subsidiary Board Administrator			4. Date Incorporated or Qualified To Do Business in Florida 05/12/1998			
	Jacksonville, Florida			Philadelphia, PA			5. FEI Number 742439056 Applied For Not Applicable			
32256	6-0557 F	Philadelphia	<sup>Zip</sup> 19103-	-1480	Philadelphia	6. CERTIFICATE	E OF STATUS DESIRED	\$8.75 Additio	onal Fee required licate of Status	
			7. N	iame and Ar	ddress of Current Register	red Agent				
	C T Corporation System									
	Street Addres	ess (P.O. Box Number is No	nt Assessable)			Square Blvd				
	Suite, Apt. #, Etc. Suite 101						<u>:000763</u>		<u> </u>	
;	City						20 / 10S 0 1 0 4 9 - State   Zip Code   <b>FL</b>		451.75	
8. I, being appointed the registered agent of the above named corporation, am familiar with and except the obligations affection 607.0505 or 617.0503, F.S.  Signature of Registered Agent Agent Registered										
9. Names	and Street Addr		/or Director (Flo	rida nonprof	fit corporations must list at le		PLEASE SEE AT	TACHED.		
Titles	<u> </u>	Name of Officers and/or Directors			Street Address of Each Officer and/or Director	)L	Ci	City / State / Zip		
D	Joseph A. Frick			1901	1 Market St.		Philadelphia	a, PA 191	03-1480	
D/CME	Christo	opher D. Bu	utler	1901	Market St.	Philadelphia	a, PA 1910	ევ-1480		
D/SVP	John A. Daddis			1901	Market St.	Philadelphia	Philadelphia, PA 19103-1480			
D/C/CFO/T	John (	G. Foos		1901	Market St.	Philadelphia, PA 19103-1480				
SVP/GC/S	Paul A	\. Tufano, E	sq.	1901	Market St.	Philadelphia, PA 19103-1480				
SVP/CMO	I. Steve	en Udvarhel	yi, MD	1901		Philadelphia	a, PA 1910	ევ-1480		
10. 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 filling 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 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:  John A. Daddis, SVP, Managed Care & Operations  215.241.2400										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #										

AmeriHealth of Florida, Inc.

All Directors and Officers share the street address:

1901 Market St. Philadelphia, PA 19103-1480 215.241.2400

## Directors:

Joseph A. Frick Christopher D. Butler John A. Daddis John G. Foos

## Officers:

John A. Daddis
Christopher D. Butler
John G. Foos
Joseph A. Frick
Paul A. Tufano, Esq.
I. Steven Udvarhelyi, MD

Senior Vice President, Managed Care & Operations
Chief Marketing Executive
Chairman, Chief Financial Officer and Treasurer
Senior Vice President, Human Resources & Admin.
Senior Vice President, General Counsel and Corporate Secretary
Senior Vice President and Chief Medical Officer

## AMERIHEALTH OF FLORIDA, INC.

1901 Market St. Philadelphia, PA 19103-1480 215.241.2400

June 13, 2006

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

Please accept the enclosed check, issued in the amount of \$458.75, as payment for the Annual Report filing fees owed by AmeriHealth of Florida, a Florida Corporation, and note that the check includes the \$8.75 fee for a Certificate of Status. Also enclosed for your convenience is a prepaid, FedEx return envelope.

In accordance with the filing instructions, please waive the reinstatement fee; the Annual Report Form for 2004 was never received.

Thank you for your kind consideration.

Sincerely,

Daniel Piacentino

Subsidiary Board Administrator

Independence Blue Cross Family of Companies

215.241.3781 - Office

215.241-3824 - Fax

daniel.piacentino@ibx.com

enclosures