(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 DEC -4 AM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000132031

1. Corporation Name
SOCIAL SERVICE COORDINATORS, LLC

2. Principal Office Address - No P.O. Box #
14261 COMMERCE WAY
Suite, Apt. #, etc.
City & State: MIAMI LAKES, FL
Zip: 33016 Country: USA

3. Mailing Office Address
14261 COMMERCE WAY
Suite, Apt. #, etc.
City & State: MIAMI LAKES, FL
Zip: 33016 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
4.18.2000

5. FEI Number: 06-1590075 — 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
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.
City: PLANTATION State: FL Zip Code: 33324

600253085806
10/22/13--01011--013 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: see attached Date:
REGISTERED AGENT MUST SIGN

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
	PLEASE SEE ATTACHED.		
			DEC 5 2013
			L. SELLERS
		REINSTATEMENT 2013	

10. E-mail Address:
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Kevin C Barnett Kevin C. Barnett, President/CEO 10/19/13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(2)

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000132031

1. Corporation Name
SOCIAL SERVICE COORDINATORS, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
14261 COMMERCE WAY		14261 COMMERCE WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI LAKES, FL		MIAMI LAKES, FL	
Zip	Country	Zip	Country
33016	USA	33016	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
4.18.2000

5. FEI Number
06-1540075
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

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

600253085806
10/22/13--01011--013 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Madonna Cuddihy
Special Assistant Secretary
Date 11/25/2013

REGISTERED AGENT MUST SIGN

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
	PLEASE SEE ATTACHED.		
			DEC 5 2013
			L. SELLERS

10. E-mail Address:
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Kevin C Barrett Kevin C. Barrett, President/CEO 10/19/13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Altegra Health

(3)

LIO-132031

Officers

Kevin Barrett
Chief Executive Officer, President, and Secretary
14261 Commerce Way
Miami Lakes, FL 33016

Michele Haas
Chief Financial Officer
14261 Commerce Way
Miami Lakes, FL 33016

Directors

Alan Flaumenhaft
19 Forest Parkway
Shelton, CT 06484

Dave Lissy
200 Talcott Avenue, South
Watertown, MA 02472

David Ament
265 Franklin Street
18th Floor
Boston, MA 02110

H. Bradley Sloan
4 Embarcadero Center
Suite 3610
San Francisco, CA 94111

William Kessinger
4 Embarcadero Center
Suite 3610
San Francisco, CA 94111

Gregory J. Sinaiko
4 Embarcadero Center
Suite 3610
San Francisco, CA 94111

Matthew Umscheid
265 Franklin Street
18th Floor
Boston, MA 02110

Kevin Barrett
14261 Commerce Way
Miami Lakes, FL 33016

DEC - 5 2013
L. SELLERS