PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name Charlotte County medical Managers Absac. Inc. NO 0000002903 2. Principal Office Address H31 Shreve St #113 2. Mailing Office Address H32 Shreve St #113 2. Mailing Office Address H31 Shreve St #113 2. Mailing Office Address H32 Shreve St #113 2. Mailing Office Address H31 Shreve St #113 2. Mailing Office Address H32 Shreve St #113 2. Mailing Office Address H32 Shreve St #113 2. Mailing Office Address 100000054-03/20-01008-0 4. Date incorporated or Cuantified To book Desires in Florida S - 1 - 2000 Street Address (Fo. Inch Number is Not Acceptables) Name of Address of Current Registered Agent Name Street Address (Fo. Inch Number is Not Acceptables) Street Address of Current Registered Agent Registered Agen	CHECK STORIES STORIES					FILED		
1. Corporation Name Charlotte. County medical managers Assoc. Sac. NO 0000002903 2. Principal Office Address 3. Mailing Office Address 4421 SHReve ST Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Runta Gooda 7L Super Country 2p Country 33950 USA 33950 USA 7. Name and Address of Current Registered Agent Name A LIMED Transcal Services fuc (mary HARfst) Suite, Apt. #, Etc. City Tunta Gooda Street Address (P.O. Box Number is NA Acceptable) 2413 Shreve St #113 Suite, Apt. #, Etc. City Tunta Gooda 8. 1, 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 Parks Signature of Registered Agent Titles Officers and/or Directors Officers and/or Directors Street Address of Each Officer and/or Director (Fiorda nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Fiorda nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Fiorda nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Fiorda nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors O	1	(2 to 10 to		Katherine Harris Secretary of State	TATE	·		
1. Corporation Name Charlotte. County medical managers Assoc. Sac. NO 0000002903 2. Principal Office Address 3. Mailing Office Address 4421 SHReve ST Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Runta Gooda 7L Super Country 2p Country 33950 USA 33950 USA 7. Name and Address of Current Registered Agent Name A LIMED Transcal Services fuc (mary HARfst) Suite, Apt. #, Etc. City Tunta Gooda Street Address (P.O. Box Number is NA Acceptable) 2413 Shreve St #113 Suite, Apt. #, Etc. City Tunta Gooda 8. 1, 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 Parks Signature of Registered Agent Titles Officers and/or Directors Officers and/or Directors Street Address of Each Officer and/or Director (Fiorda nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Fiorda nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Fiorda nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Fiorda nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors O	DOC	LINATINIT 4				TALLAHASSEE, FLO	ATE BIDA	
2. Principal Office Address 2421 Shreve St 2421 Shreve St 3. Mailing Office Address 2421 Shreve St 3. Walking Office Address 2421 Shreve St 3. Walking Office Address 2421 Shreve St 3. Walking Office Address 4. Data Incorporated or Qualified To be Business in Floods 5. FEI Number 6. S. FEI Number		ration Name Charlotte Manage		:		,		
Sulfe, Apt. #, etc. A. Data Incorporated or Qualified To Do Business in Florida 5-1-2000 State Runta Goda 7L Purha Goda 7L Suppose Country Zip Country Zip Country Zip Country Sunsa 33950 USA 33950 USA Country ADPINION Spilled Fo CERTIFICATE OF STATUS DESIRED State Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Surfe, Apt. #, Etc. City Purha Goda Surfe, Apt. #, Etc. City Purha Goda Surfe, Apt. #, Etc. State Surfe, Apt. #, Etc. City Purha Goda Surfe, Apt. #, Etc. State Surfe, Apt. #, Etc. City Purha Goda Surfe, Apt. #, Etc. State Surfe, Apt. #, Etc. City Purha Goda Surfe, Apt. #, Etc. State Surfe, Apt. #, Etc. City Purha Goda Surfe, Apt. #, Etc. City	2. Principa					000005493	32207	
City & State Purth Gorda 7L Signature of Registered Agent Signature of Registered Agent Purth Gorda 7L City & State Purth Gorda 7L Signature of Registered Agent Resistered Agent Files Purth Gorda 7L Country 33950 Country Count	2421	Shreve St #113	2 4 Suite, Apt.	2/ SHREVE SI		-05/09/02 ****122.50	01008007 ****122.50	
Purth Godde 71 Purth Godde 71 Zip Country 33950 USA 7. Name and Address of Current Registered Agent Name A LLMED Fundancial Services fuc (MARY HARfst) Street Address (P.O. Box Number is Not Acceptable) 2441 Shreve 5+ #113 Suita, Apt. #, Etc. City Purth Godde 8. Loeing 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 Must sign and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titlos Officers and/or Directors Street Address of Each Officer and/or Directors Deta Country Not Applied For Not Applied For Not Applied For Not Additional Face registered Agent Not Applied For Not Additional Face registered Agent Not Applied For Not Additional Face registered Agent Not Applied For Not Additional Face registered Descriptional Pace Purtha Godda 71 33956 Street Address (P.O. Box Number of City / State / Zip PRCS Brend & Bundy 6. CERTIFICATE OF STATUS DESIRED Not Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officers and/or Directors Officer and/or Director Officer and/or Director Prunta Godda 71 33956 Sec Shirley 28 807 N. Twin Lakes De Punta Godda 71 33956	0:4 . 0 . 04 - 4	-				Queinose in Elevida		
219 33950 USA 33950 USA 33950 USA 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee received Agent 7. Name and Address of Current Registered Agent Name ALLMED Funancial Services fuc (mary HARfst) Street Address (P.O. Box Number is Not Acceptable) 2421 Shreve St # 113 Suite, Apt. #, Etc. City Funda Gorda 8. 1, 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titlos Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Parks Brenda Bundy 611 W. Olympia Avc Punta Gorda 7L 33956 Sec Shirlou Punta Gorda 7L 33956						ber	Applied For	
7. Name and Address of Current Registered Agent Name ALLMED Financial Services Inc (Mary HARfst) Street Address (P.O. Box Number is Not Acceptable) 2 421 Shreve St # 113 Suite, Apt. #, Etc. City Punta Gooda 8. 1, 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 Agent Agent Registered Agent Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titlus Registered Agent Name of Officers and/or Directors Street Address of Each Officer and/or Directors Registered Agent R	^{Zip} 339		Zip	Country	8.	TE OF STATUS DESIRED TO \$8.75 A	Additional Fee required	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 2 441 Shreve St #113 Suite, Apt. #, Etc. City Punta Gooda State Zip Code FL 33950 8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent Agent Hegistered 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 Directors PRES Brenda Bundy 611 W. Olympia Avc Punta Gooda 71 33950 Sec Shirlau Registered Agent Punta Gooda 71 33950					Registered Agent	ior a	Certificate of Status	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City/State/Zip PRCS Brenda Bundy 617 W. Olympia Avc Punta Gooda 71 33956 Sec Shirlau 28007 N. Twin Lakes De Punta Gooda 71 33956	Signature of	Street Address (P.O. Box Numb 2 42 5 Suite, Apt. #, Etc. City Punta appointed the registered agent of the	Shreve Shoula He above named corp	S+ # 113		State Zip Code 33950 Ston 607.0505 or 617.0503, F.S.	CRZEG01 (9/01)	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City/State/Zip PRCS Brenda Bundy 617 W. Olympia Avc Punta Gooda 71 33950 Sec Shirlau 28007 N. Twin Lakes De Punta Gooda 71 33950	9. Names	and Street Addresses of Each Office			t list at (east 3 directors)	-		
Sec Shirlar 28007 N. Twin Lakes De Punta Gorda 71 339:		Name of		Street Address of Each		City / State / Z	Zip	
Sec Shirlar 28007 N. Twin Lakes De Punta Gorda 71 339:	PRCS	Brenda Bundy		617 W. Olympia Ave		Punta Gorda 7	L 33950	
	Sec.	Shirlow						
	Treas	MARY HARFSH		K2L ALBATROSS DR				
		·						
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 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: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR	owed by	retarement application, the reason to the terms of the te	or dissolution has bee nd the names of individ	n eliminated, the corporate name duals listed on this form do not cu	satisfies the requirement alify for an exemption und de under oath.	s of section 607.0401 or 617.0401, F der section 119.07(3)(i), F.S. The info	F.S., that all fees ormation indicated	

- 5/1/AZ

April 24, 2002

Florida Dept of State DIVISION OF CORPORATIONS PO BOX 6327 Tallahassee, FL 32314

RE: Reinstatement of "Non Profit" Corporation NON RECEIPT OF NOTICE

Dear Sirs:

Enclosed is our check #1003 in the amount of \$122.50 for 2001 and 2002. We failed to pay this because the mail was not forwarded to my new address. Therefore, we did not receive any notices to pay the annual fee.

Please Re-instate our Non Profit Corporation # N00000002903 which began May 1, 2000.

Thank you, and please change our address.

Mary Harfst

Treasurer

DEPARTMENT OF THE TREASURY TINTERNAL REVENUE SERVICE ATLANTA GA 39901

DATE OF THIS NOTICE: 06-19-2000 NUMBER OF THIS NOTICE: CP 575 F EMPLOYER IDENTIFICATION NUMBER: 65-1015581 FORM: SS-4 0716830481 0

CHARLOTTE COUNTY MEDICAL MANAGEMENT % MARY HARFST 251 OLYMPIA AVE 4 PUNTA GORDA FL 33950

FOR ASSISTANCE CALL US AT: 1-800-829-1040

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1015581. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

CHARLOTTE COUNTY MEDICAL MANAGEMENT ASSOCIATION INC % MARY HARFST 251 OLYMPIA AVE 4 PUNTA GORDA FL 33950

If this information isn't correct, please correct it using page 2 of this notice. Return it to us at the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

Thank you for your cooperation.

1800 TAX Form # 1023

370827- SHE RCV DAYS