2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007286

Entity Name: M&D PROVIDER SERVICES, INC.

FILED May 12, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1370 OLD MIDDLEBURG ROAD

2627 CARSON OAKS DRIVE
JACKSONVILLE, FL 32221 US

JACKSONVILLE, FL 32210 US

Current Mailing Address: New Mailing Address:

P O BOX 6911 2627 CARSON OAKS DRIVE JACKSONVILLE, FL 32236 US JACKSONVILLE, FL 32221 US

FEI Number: 59-3489909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNIGHT, ROBYN S 2825 PARK STREET JACKSONVILLE, FL 32205 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBYN S. KNIGHT

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: AXLE, DEBORAH M
Address: 1370 OLD MIDDLEBURG ROAD, N. UNIT 10
Address: 2627 CARSON OAKS DRIVE

City-St-Zip: JACKSONVILLE, FL 32210 US City-St-Zip: JACKSONVILLE, FL 32221 US

 Name:
 SIMPSON, ANTENET N
 Name:
 SIMPSON, ANTENET N

 Address:
 3315 WELLBROOK DRIVE
 Address:
 803 BELLSHIRE DRIVE

 City-St-Zip:
 LOGANVILLE, GA 30052 US
 City-St-Zip:
 ORANGE PARK, FL 32065 US

Title: T () Delete Title: () Change () Addition

 Name:
 MYERS, SANDRA M
 Name:

 Address:
 8303 TUBMAN COURT
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32219 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH M. AXLE D 05/12/2005