FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P00000095116

1. Corporation Name
VERICARE OF FLORIDA, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4715 VIEWRIDGE AVE	SAME
Suite, Apt. #, etc.: SUITE 230	Suite, Apt. #, etc.:
City & State: SAN DIEGO, CA	City & State:
Zip: 92123 Country: USA	Zip: County:

4. Date Incorporated or Qualified To Do Business in Florida: 10/9/2000

5. FEI Number: 33-0931841 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $9.25 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Cindi Wood Date: 10-13-15

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	CINDY WATSON	4715 VIEWRIDGE AVE STE. 230	SAN DIEGO CA 92123
CFO	BENNETT VOIT	4715 VIEWRIDGE AVE. STE 230	SAN DIEGO CA 92123

REINSTATEMENT 2014 - 2015

10. E-mail Address: buddy.voit@vericare.com
(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 this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 10/13/15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL019 - 05/17/2013 Wolters Kluwer CCH

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Division of Corporations
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CORPORATION REINSTATEMENT
VERICARE OF FLORIDA, INC.

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