2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2010
Secretary of State

DOCUMENT# P08000008425

Entity Name: MANAGE CARE PROVIDER, INC.

Current Principal Place of Business:

3358 W SOUTH PORT RD, UNIT 5
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

3358 W SOUTH PORT RD, UNIT 5
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 26-1815682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, MILDRED C
3358 W SOUTH PORT RD, UNIT 5
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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: MILDRED C. GONZALEZ

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GONZALEZ, MILDRED C
Address: 3358 W SOUTH PORT RD, UNIT 5
City-St-Zip: KISSIMMEE, FL 34746

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MILDRED C. GONZALEZ P/D 10/06/2010

Electronic Signature of Signing Officer or Director — Date