

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>Pa3000013767</b>		FILED 98 MAY 11 PM 12:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <b>UNICARE, INC.</b>			
Principal Place of Business <b>4063 Salisbury Road, Suite 203 Jacksonville, Florida 32216</b>		Mailing Address <b>Same</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>4237 Salisbury Road Suite, Apt. #, etc. Suite 308 City &amp; State Jacksonville, Florida Zip 32216</b>		3. New Mailing Office Address, If Applicable <b>Same as 2</b> Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>2/22/93</b>		5. FEI Number <b>59-3257034</b> Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED.		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D/P/S/T	Amos F. Almand III	4237 Salisbury Road Suite 308	Jacksonville, FL 32216
AS	David H. Peek	1301 Riverplace Boulevard Suite 1609	Jacksonville, FL 32207
REINSTATEMENT 97-98			
900002519939--0 -05/12/98--01028--014 ***2020.00 ****900.00			
VS MAY 13 1998			
8. Name and Address of Current Registered Agent <b>Alan B. Almand 10192 San Jose Boulevard Jacksonville, Florida 32257</b>		9. Name and Address of New Registered Agent Name <b>David H. Peek</b> Street Address (P.O. Box Number is Not Acceptable) <b>1301 Riverplace Boulevard</b> Suite, Apt. #, Etc. <b>Suite 1609</b> City <b>Jacksonville</b> State <b>FL</b> Zip Code <b>32207</b>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <b>David H. Peek</b> REGISTERED AGENT MUST SIGN Date <b>April 30, 1998</b>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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., 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: <b>David H. Peek</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <b>April 30, 1998</b> Daytime Phone # <b>(904) 999-1609</b>			

CRCE040 (1/98)