

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000023192**

1. Corporation Name

**FFI RX MANAGED CARE, INC.**

Principal Place of Business

3502 HENDERSON BLVD.  
SUITE 300  
TAMPA FL 33609

Mailing Address

3502 HENDERSON BLVD.  
SUITE 300  
TAMPA FL 33609

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/22/1994

5. FEI Number

59-3236503

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	4 City / State / Zip
DVS	PULS, JOHN	3502 HENDERSON BLVD., #300	TAMPA FL
DP	WUTZ, PAUL F.	72 BRANDYWINE DRIVE	HUDSON OH 44236
	See attached list		

100009214771  
11/26/02--01006--007 \*\*750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*María Bermudez, and vice president*  
REGISTERED AGENT MUST SIGN

Date

*December 11, 2002*

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., 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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

Date

469-324-4758

Daytime Phone #

CR2040 (8/02)

FFI Rx Managed Care, Inc. Officers

David D. Halbert  
Chairman & CEO  
750 W. John Carpenter Frwy.  
Suite 1200  
Irving, TX 75039

Paul F. Wutz  
President  
72 Brandywine Drive  
Hudson, OH 44236

David A. George  
~~President~~ **EVP**

~~750 W. John Carpenter Frwy.~~  
~~Suite 1200~~  
~~Irving, TX 75039~~

T. Danny Phillips  
EVP, Corporate Development  
750 W. John Carpenter Frwy.  
Suite 1200  
Irving, TX 75039

Yon Y. Jorden  
EVP & CFO  
750 W. John Carpenter Frwy.  
Suite 1200  
Irving, TX 75039

John L. Puls, Jr.  
EVP, Secretary & Treasurer  
3502 Henderson Blvd., #300  
Tampa, FL 33609

Laura I. Johansen  
VP & Assistant Secretary  
750 W. John Carpenter Frwy.  
Suite 1200  
Irving, TX 75039

Sue Redman  
Assistant Treasurer  
9501 E. Shea Boulevard  
Scottsdale, AZ 85260

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)521-1030

**CORPORATION REINSTATEMENT**

**THE MEDSTAT GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,200.00