PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 SEP 26 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082525

1. Corporation Name

STAFF BUILDERS PRESCRIPTION SERVICES, INC.

REINSTATEMENT 98.75

2. Principal Office Address	**3.** Mailing Office Address
8400 Baymeadows Way	8400 Baymeadows Way
Suite, Apt. #, etc.: Suite 5	Suite, Apt. #, etc.: Suite 5
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32256 Country: U.S.A.	Zip: 32256 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 11/08/94

5. FEI Number: 593280085 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

000003416470--7
-10/06/00--01009--017
******8.75 ******8.75

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

000003416470--7
-10/06/00--01009--018
***1050.00 ***1050.00

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 617.0503, F.S.

Signature of Registered Agent: See attached pg. Date: _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/96)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Sarah Eames	555 Madison Avenue	New York, NY 10022
Dir.	Jack Wynne	555 Madison Avenue	New York, NY 10022
VP of Claims Management	Patrick Flynn	8400 Baymeadows Way	Jacksonville, FL 32256
Controller & Compliance Officer	Scott Silic	8400 Baymeadows Way	Jacksonville, FL 32256
			LG

10. 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: See attached page
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000082525

1. Corporation Name

Staff Builders Prescription Services, Inc.

2. Principal Office Address	3. Mailing Office Address
8200 Baymeadows Way	8400 Baymeadows Way
Suite, Apt. #, etc. Suite 5	Suite, Apt. #, etc. Suite 5
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32256 / Country U.S.A.	Zip 32256 / Country U.S.A.

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6. CERTIFICATE OF STATUS DESIRED ☑

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 as 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: Agnes Bruno — REGISTERED AGENT MUST SIGN — Date: 9/25/00

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
	Sarah Bynes	555 Madison Avenue	New York, NY
	Jack Wynne	555 Madison Avenue	New York, NY
	Patrick Flynn	8400 Baymeadows Way	Jacksonville, FL 32256
	Scott Silic	8400 Baymeadows Way	Jacksonville, FL 32256

10. I certify that I am an officer or director of the resistor 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 taxes 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: Scott Wynne — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 9/22/00 — Daytime Phone #: (914) 345-8880

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