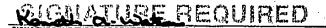
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **APPLICATION** FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FILED FOR. Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 NOV -4 AM 8 37 **DOCUMENT #** P95000007178 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name ASSOCIATED HEALTHCORE, INC. Principal Place of Business Mailing Address 4266-E BAYA AVE HESP E BAYA AVE LAKE CITY FL LAKE CITY FL If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 24 产业本品处理级和自由经验 Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip MILLBIOS OR. PRUL SMITH (KEZ/CEZ) DIAL. stell two KENNETH A. WATSOM P. A.Sector ANYA 2 MILLENDE DE STEPUS. 50174 MULSIDE OR MICHAEL Atinz A. A.S.CH. DA 8. Name and Address of Current Registered Agent 9. Name and Address of New Re SMITH, PAUL V 1255 E BAYA AVE LAKE CITY FL CHY LAKE CITY 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 _ REQUIRED REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) No X Dept. of Revenue under S. 199.032, Florida Statutes. Yes L 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 fling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 507,0401 or 517,0401; F.S. that all feee 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 indicate

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath."

SIGNATURE:



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THE CONTRACTOR OF THE CONTRACT