APPROVED AND FILED

06 MAY 23 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080763

1. Corporation Name
Wellmed Medical Management of Florida, Inc.

REINSTATEMENT 04-06 PSC

CR2E081 (12/06)

2. Principal Office Address	3. Mailing Office Address
8637 Fredericksburg Rd	8637 Fredericksburg Rd
Suite, Apt. #, etc.: Suite 360	Suite, Apt. #, etc.: Suite 360
City & State: San Antonio, TX	City & State: San Antonio, TX
Zip: 78240 Country:	Zip: 78240 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 9/30/96

5. FEI Number: 74-2797745 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: $30.00 Additional Fee required for Certified Copy

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: E. A. Wallace Assistant Secretary Date: 5/23/06

REGISTERED AGENT MUST SIGN

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
Pres	George Rapier III	8637 Fredericksburg, #360	San Antonio, TX 78240
VP	P.Terrence Nugent	8637 Fredericksburg, #360	San Antonio, TX 78240

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 contained in Chapter 119, 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: George M Rapier III 5-22-06 210-521-7667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

George Rapier III

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

WELLMED MEDICAL MANAGEMENT OF FLORIDA, INC.

Certificate of Status	1
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Estimated Charge	$1,058.75

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