

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 11 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000080763**

1. Corporation Name

WellMed Medical Management of Florida, Inc.

REINSTATEMENT

02-03

2. Principal Office Address

8637 Fredericksburg Road

Suite, Apt. #, etc.

Suite 360

City & State

San Antonio, Texas

Zip

78240

Country

3. Mailing Office Address

8637 Fredericksburg Road

Suite, Apt. #, etc.

Suite 360

City & State

San Antonio, Texas

Zip

78240

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

September 30 1996

5. FEI Number

74-2797745

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

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

Howard L. Volz Howard L. Volz, Ass't Secy

Date 6-3-03

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
President	Rapier, George III	8637 Fredericksburg Rd., Suite 360	San Antonio, Texas 78240
Vice Pres	P. Terrence Nugent	8637 Fredericksburg Rd., Suite 360	San Aantonio, Texas 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 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:

P. Terrence Nugent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-03

Date

210-617-4038

Daytime Phone #

P. Terrence Nugent, Vice President

CR2E081 (10/02)