


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 NOV 20 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # 19M000020538

1. Corporation Name
Eye Management, Inc.

2. Principal Office Address 1850 Gateway Drive, #500 Suite, Apt. #, etc.		3. Mailing Office Address 6950 Columbia Gateway Drive Suite, Apt. #, etc. 400	
City & State San Mateo, CA		City & State Columbia, MD	
Zip 94404	Country USA	Zip 21046	Country USA

4. Date Incorporated or Qualified To Do Business in Florida March 5, 1997

5. FEI Number 94-3263288 Applied For Not Applicable

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

400003471074--5

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, FL 32301

State
FL

Zip Code

REINSTATEMENT 2000

[Handwritten Signature]

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 [Signature] REGISTERED AGENT MUST SIGN Date 11/20/2000

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	Henry T. Harbin	6950 Columbia Gateway Drive	Columbia, MD 21046
Dir	Clarissa C. Marques	6950 Columbia Gateway Drive	Columbia, MD 21046
Dir	Mark S. Demilio	6950 Columbia Gateway Drive	Columbia, MD 21046
P/CEO	Doug Williams	6666 Powers Ferry Road Ste 200	Atlanta, GA 30339
VP/S	Mark S. Demilio	6950 Columbia Gateway Drive	Columbia, MD 21046
VP/T	James R. Bedenbaugh	5666 Powers Ferry Road, Suite 100	Atlanta, GA 30339

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: MARKS DEMILIO November 16, 00 410-653-4702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 903251 5028257

AUTHORIZATION :

COST LIMIT : \$ 758.75

Patricia Pzyto

ORDER DATE : November 17, 2000

ORDER TIME : 10:41 AM

ORDER NO. : 903251-005

CUSTOMER NO: 5028257

CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

DOMESTIC FILINGS

NAME: EYE MANAGEMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS

Janna Wilson

RECEIVED
00 NOV 20 AM 11:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA