

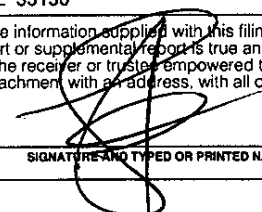


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000031752 1. Entity Name CONTINUICARE PHYSICIAN PRACTICE MANAGEMENT, INC.					
Principal Place of Business 80 S.W. 8TH STREET SUITE 2350 IAMI, FL 33130			Mailing Address 80 S.W. 8TH STREET SUITE 2350 IAMI, FL 33130		
2. Principal Place of Business <i>7200 Corporate Center Dr</i> Suite, Apt. #, etc. <i>Suite 600</i> City & State <i>Miami, FL 33124</i> Zip <i>33124</i> Country <i>U.S</i>		3. Mailing Address <i>7200 Corporate Center Dr</i> Suite, Apt. #, etc. <i>Suite 600</i> City & State <i>Miami, FL 33124</i> Zip <i>33124</i> Country <i>U.S</i>			
09262005 REIN-P CR2E098 (6/04)				4. FEI Number 65-0748363	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PFENNIGER, RICHARD C JR 80 S.W. 8TH STREET, SUITE 2350 MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEALY, PATRICK M 80 S.W. 8TH STREET, SUITE 2350 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060728746 10/18/05--01086--001 **2063.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IZQUIRDO, LUIS H 80 S.W. 8TH STREET, SUITE 2350 MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HOLT, JANET L 80 S.W. 8TH STREET, SUITE 2350 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SMITH, KAREN A 80 S.W. 8TH STREET, SUITE 2350 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/10/07 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROST, PHILLIP MD 80 S.W. 8TH STREET, SUITE 2350 MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Fernando Fernandez 10/6/05 305.500.2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

FILED
05 OCT 12 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title T ☐ Change ☒ Addition
Name FERNANDEZ, FERNANDO
Street Address 7200 CORPORATE CENTER DRIVE
City-St-Zip MIAMI, FLORIDA 33126

Title V ☐ Change ☒ Addition
Name ROSELLO, GEMMA
Street Address 7200 CORPORATE CENTER DRIVE
City-St-Zip MIAMI, FLORIDA 33126

Title V ☐ Change ☒ Addition
Name LOPEZ, HOLLY
Street Address 7200 CORPORATE CENTER DRIVE
City-St-Zip MIAMI, FLORIDA 33126

Title D ☐ Change ☒ Addition
Name STRAIT, MARVIN
Street Address 7200 CORPORATE CENTER DRIVE
City-St-Zip MIAMI, FLORIDA 33126

Title D ☐ Change ☒ Addition
Name CRESCI, ROBERT
Street Address 7200 CORPORATE CENTER DRIVE
City-St-Zip MIAMI, FLORIDA 33126

Title D ☐ Change ☒ Addition
Name FLANZRAICH, NEIL
Street Address 7200 CORPORATE CENTER DRIVE
City-St-Zip MIAMI, FLORIDA 33126

Title D ☐ Change ☒ Addition
Name NUDEL, JACK
Street Address 7200 CORPORATE CENTER DRIVE
City-St-Zip MIAMI, FLORIDA 33126