2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000084852

Entity Name: FLORIDA HEALTH PARTNERS, INC.

FILED Oct 14, 2010 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

8906 BRITTANY WAY TAMPA, FL 33619

Current Mailing Address: New Mailing Address:

8906 BRITTANY WAY 240 CORPORATE BLVD NORFOLK, VA 23502

FEI Number: 59-3537092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DILLON, JOHN J VP MORGAN, RUSSELL VP/DIR 8906 BRITTANY WAY 8906 BRITTANY WAY TAMPA, FL 33619 US TAMPA, FL 33619 US

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.

SIGNATURE: RUSSELL MORGAN 10/14/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR

Name: MOORE, J. DAVID Address: 8906 BRITTANY WAY City-St-Zip: TAMPA, FL 33619

Title: DIR

Name: MORGAN, RUSSELL Address: 8906 BRITTANY WAY City-St-Zip: TAMPA, FL 33619

Title: DIR

Name: DAVID, LOMAKA
Address: 8906 BRITTANY WAY
City-St-Zip: TAMPA, FL 33619

Title: TREA

Name: KASSAB, JERRY
Address: 1800 MERCY DR.
City-St-Zip: ORLANDO, FL 32808

Title: DIR

Name: HAMEL, ROBIN
Address: 8906 BRITTANY WAY
City-St-Zip: TAMPA, FL 33619

Title: PRES

Name: GLYNN, PATRICK
Address: 8906 BRITTANY WAY
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL MORGAN DIR 10/14/2010

Electronic Signature of Signing Officer or Director

Date