

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000065632

FILED  
Jun 19, 2007  
Secretary of State

**Entity Name:** CONTINUCARE TAMPA MANAGED CARE, INC.

**Current Principal Place of Business:**

7200 CORPORATE CENTER DR  
SUITE 600  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

7200 CORPORATE CENTER DR  
SUITE 600  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 65-0936642      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

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:** CHRISTINA DEMAYO, ASST. SECRETARY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PD      ( ) Delete  
**Name:** PFENNINGER, RICHARD C JR  
**Address:** 80 S.W. 8TH STREET, STE. 2350  
**City-St-Zip:** MIAMI, FL 33130

**Title:** T      ( ) Delete  
**Name:** FERNANDEZ, FERNANDO  
**Address:** 7200 CORPORATE CENTER DR  
**City-St-Zip:** MIAMI, FL 33126

**Title:** V      ( ) Delete  
**Name:** IZQUIRDO, LUIS H  
**Address:** 80 SW 8TH STREET STE 2350  
**City-St-Zip:** MIAMI, FL 33130

**Title:** V      ( ) Delete  
**Name:** ROSELLO, GEMMA  
**Address:** 7200 CORPORATE CENTER DR  
**City-St-Zip:** MIAMI, FL 33126

**Title:** V      ( ) Delete  
**Name:** LOPEZ, HOLLY  
**Address:** 7200 CORPORATE CENTER DR  
**City-St-Zip:** MIAMI, FL 33126

**Title:** D      ( ) Delete  
**Name:** FROST, PHILLIP MD  
**Address:** 80 SW 8TH STREET STE 2350  
**City-St-Zip:** MIAMI, FL 33130

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** FERNANDO FERNANDEZ

T

06/19/2007

Electronic Signature of Signing Officer or Director

Date