PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT Katherine Has Secretary of S	arris State		
DOCUMENT # V5945 1. Compretion Name HEALTH MANAGED CARE NAT	3		OI NOV 16 PM 1: 02 TALLAHASSEE. FLORIDA	
Principal Place of Business 6175 NW 153 ST., STE, 301 MIAMI LAKES FL 33014	Mailing Address 6175 NW 153 ST., STE. 301 MIAMI LAKES FL 33014			
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable Suite, Apt. #, etc.	New Mailing Office Address, If Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 08/21/1992 5. FEI Number Applied For	
City & State Zip ————————————————————————————————————	City & State Zip Count		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Title(s) 1. Name of Officers and/or Directors D JACKSON, W. CHARLES	St	reet Address of Each fficer and/or Director	City / State / 7in	
			2000047043920 -12/04/0101060018 *****758.75 *****758.75	
8. Name and Address of Current F	Registered Agent	Name	Name and Address of New Registered Agent	
JACKSON, W. CHARLES 8912 SW 142 AVENUE SUITE 411		Street Address (F	(P.O. Box Number is Not Acceptable)	
MIAMI FL 33186		City	City State FL Zip Code	
10. I, being appointed the registered agent of the about Signature of Registered Agent	ve named corporation, am familiar v	with and accept the ol	Dalls 19 1 201	
this reinstatement application, the reason for disso	lution has been eliminated, the corp names of individuals listed on this fo	orate name satisfies rm do not qualify for	provided for in chapter 607 or 617, F.S. I further certify that when filing is the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated	

R. VARNADORE NOV 3 0 2001