

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT** 97-04

DOCUMENT # F94000002551

1. Corporation Name  
MRMC, Inc.  
cross reference name: Medical Resource Management Corporation

400039239644  
07/16/04--01021--004 \*\*1800.00

*MRD*

2. Principal Office Address 145 Technology Parkway		3. Mailing Office Address 145 Technology Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Norcross, Georgia		City & State Norcross, Georgia	
Zip 30092	Country USA	Zip 30092	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/16/1994	
5. FEI Number 58-2057811	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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		State FL	Zip Code 32301

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: *Michael Pretiger* Date: 7/8/04

REGISTERED AGENT MUST SIGN

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
P/D	James Ginter	145 Technology Parkway	Norcross, Georgia 30092
C/D	Kenneth Shumard	145 Technology Parkway	Norcross, Georgia 30092
S/D	Brenda Shumard	145 Technology Parkway	Norcross, Georgia 30092
T/D	Michael Pretiger	145 Technology Parkway	Norcross, Georgia 30092

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: Michael Pretiger MICHAEL PRETIGER Date: 7/14/04 Daytime Phone #: 770-797-2115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/04)