PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 29 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097427

1. Corporation Name

NEW MEDICAL CONCEPTS, INC.

Principal Place of Business	Mailing Address
229 S. Federal Highway Pompano Beach, FL 33060	800 Corporate Drive Suite 510 Ft. Lauderdale, FL 33334

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-97 DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/27/95

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P & D	Raymond T. Hersh	229 S. Federal Highway	Pompano Beach, FL 33060
VP & D	Neale Sanchez	229 S. Federal Highway	Pompano Beach, FL 33060
			000002074050--2 -01/30/97--01078--010 ****915.00 ****915.00
			000002074050--2 -01/30/97--01078--011 ******8.75 ******8.75

8. Name and Address of Current Registered Agent

William G. Salim, Jr., Esq.
Moskowitz, Mandell & Salim, P.A.
800 Corporate Drive
Suite 510
Ft. Lauderdale, FL 33334

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR 1F010 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: William G. Salim, Jr. REGISTERED AGENT MUST SIGN

Date: 1/27/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

Submission of this report is voluntary. If furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, the submitting agency will incur no liability for non-compliance with Section 119.07(3)(i). In the event that the information supplied is deemed exempt from public disclosure, the agency will not be required to redact or otherwise edit the report. By signing below, I affirm that I am an officer or director of the corporation or that I am otherwise empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that upon filing this application, the corporate name satisfies the requirements of Section 607.0401 or 617.0401, F.S., and that all other information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Raymond T. Hersh Pres. 1/17/97 561-391-6514

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number