

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 23 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F000000002701

**1. Corporation Name**

Med e-Manager FPS, Inc.

**2. Principal Office Address**

270 Spagnoli Road

Suite, Apt. #, etc.

Suite 200

City & State

Melville, NY

Zip

11747

Country

USA

**3. Mailing Office Address**

270 Spagnoli Road

Suite, Apt. #, etc.

Suite 200

City & State

Melville, NY

Zip

11747

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

April 25, 2000

**5. FEI Number**

06-1581782

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

*Connie Brey*

REGISTERED AGENT MUST SIGN

Date

6/23/03

**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/S/T/D	David Fetterolf	5 Smugglers Cove	Huntington, NY 11743
D	Jason Fisherman, M.D.	144 Cottage Street	Brookline, MA 02445
D	Ann Bilyew	6 Bournedale Road	Jamaica Plain, MA 02130
D	Charles Shea	33 Franklin Rogers Rd.	Hingham, MA 02043
D	Douglas Present	25-A Vreeland Rd., Suite 203	Florham Park, NJ 07932
D	Patrick Kelly	1091 Ponte Vedra Blvd.	Ponte Vedra Beach, FL 32082

**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:

*David Fetterolf*  
David Fetterolf

6/17/03

631-454-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #