

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 NOV 22 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000082022440

CR2E081 (12/05)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** F00000004216

**1. Corporation Name**

ONE CALL MEDICAL, INC.

**2. Principal Office Address**  
20 WATERVIEW BLVD.

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
PARSIPPANY, NJ

**City & State**

**Zip**  
07054

**Country**  
USA

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida** 7/26/2000

**5. FEI Number**  
22-3218521

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**  
CORPORATION SERVICES COMPANY

**Street Address (P.O. Box Number is Not Acceptable)**  
1201 HAYS AT.

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**

*Heather Chapman*  
REGISTERED AGENT MUST SIGN

**Heather Chapman  
as its agent**

**Date** 11/22/2006

**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
CEO	KENT SPAFFORD	20 WATERVIEW BLVD.	PARSIPPANY, NJ 07054
CFO	WARREN GREEN	20 WATERVIEW BLVD.	PARSIPPANY, NJ 07054

**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 contained in Chapter 119, 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:**

*Warren Green*

WARREN GREEN

11/20/06

973-316-3747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 615196 7264737

AUTHORIZATION

COST LIMIT : \$ 900.00

*[Handwritten signature]*

ORDER DATE : November 21, 2006

ORDER TIME : 9:31 AM

ORDER NO. : 615196-005

CUSTOMER NO: 7264737

REINSTATEMENT

NAME: ONE CALL MEDICAL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS \_\_\_\_\_

06 NOV 22 AM 10:43  
10/25/06  
10/25/06