2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2007
Secretary of State

DOCUMENT# F06000005771

Entity Name: FIRSTCALL HEALTHCARE, INC.

Current Principal Place of Business:

C/O GREAT HILL PARTNERS, LLC
ONE LIBERTY SQUARE
BOSTON, MA 02109

New Principal Place of Business:

1890 STATE ROAD 436
SUITE 319
WINTER PARK, FL 327922285

Current Mailing Address:

C/O GREAT HILL PARTNERS, LLC
ONE LIBERTY SQUARE
BOSTON, MA 02109

New Mailing Address:

1890 STATE ROAD 436
SUITE 319
WINTER PARK, FL 327922285

FEI Number: 20-5116460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIFE PARK DR.
STE. 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRUCE GOODWIN

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: BURTON, JEFF
Address: C/O GREAT HILL PARTNERS, LLC, 1 LIB. SQ.
City-St-Zip: BOSTON, MA 02109

Title: STD ( ) Delete
Name: CAYER, NICHOLAS
Address: C/O GREAT HILL PARTNERS, LLC, 1 LIB. SQ.
City-St-Zip: BOSTON, MA 02109

Title: VC ( ) Delete
Name: VETTEL, MATTHEW
Address: C/O GREAT HILL PARTNERS, LLC, 1 LIB. SQ.
City-St-Zip: BOSTON, MA 02109

Title: D ( ) Delete
Name: TABER, MARK
Address: C/O GREAT HILL PARTNERS, LLC, 1 LIB. SQ.
City-St-Zip: BOSTON, MA 02109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition
Name: SHEVITZ, MAX CEO
Address: 1890 STATE ROAD 436, SUITE 319.
City-St-Zip: WINTER PARK, FL 327922285

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE GOODWIN CFO 10/04/2007

Electronic Signature of Signing Officer or Director — Date