

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F95000002963

1. Corporation Name

NEW ENGLAND INDEPENDENT MEDICAL EXAMINERS, INC.

Principal Place of Business

Mailing Address

4515 HANCOCK ST.  
QUINCY MA 02169

4515 HANCOCK ST.  
QUINCY MA 02169

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

1250 HANCOCK ST.

1250 HANCOCK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 503S

SUITE 503S

City & State

City & State

QUINCY, MA

QUINCY, MA

Zip

Zip

Country

Country

02169

02169

USA

USA

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PT	D'ANGELO, JAMES L	1250 HANCOCK ST.	QUINCY MA 02169
V	FAGAN, DIANNE	1250 HANCOCK ST.	QUINCY MA 02169
VP	Fagan, Dianne	1250 Hancock St.	Quincy, MA 02169
D/C/S	Garcia, Christopher J.	711 Westchester Ave., 2nd Fl.	White Plains, NY 10604
D/T	McDonough, John P.	711 Westchester Ave., 2nd Fl.	White Plains, NY 10604
D/P	O'Neill, Steven P.	711 Westchester Ave., 2nd Fl.	White Plains, NY 10604

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'BRIEN, DANIEL  
515 SEABREEZE BLVD., STE-219  
FT. LAUDERDALE FL 33304

Name

c/o CT Corporation Office

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/18/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(l), 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:

*John P. McDonough*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John P. McDonough (Director/Treasurer)

11/19/97

Date

(914) 286-4000

Daytime Phone #

APPROVED  
AND  
FILED

97 DEC -1 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



100002373461--B

4. Date Incorporated or To Do Business in Florida

11/18/97--01069--002

\*\*\*\*758.7506/19/199758.75

5. FEI Number

04-2859639

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/97)