


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 00 APR -5 PM 12: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F95000002963					
1. Corporation Name New England Independent Medical Examiners, Inc.					
Principal Place of Business			Mailing Address 111 8th Avenue New York NY 10011		
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 04-2859639	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	2	3	4		
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		
See Attached					
288883283912 -04/11/00--01099--008 ***900.00 ***900.00					
8. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324			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		
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 <u>Connie Bay</u> Date <u>4/5/2000</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>James Cusumano Jim Cusumano</u> SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR				1212-539-12325 Date Daytime Phone #	

DIRECTORS:

Mr. Richard DeMartini
Morgan Stanley Dean Witter and Company
Two World Trade Center, 66th floor
New York, NY 10048

Mr. Cecil S. Harrell
The Harrell Corp.
100 North Tampa St., Suite 3540
Tampa, Fl 33602

Mr. Andrew M. Paul
Welsch, Carson, Anderson & Stowe
320 Park Avenue, Suite 2500
New York, NY 10022

Mr. James B. Stradtner
Century Capital Management, Inc.
300 East Lombard Street - Suite 610 A
Baltimore, MD 21202

Mr. James T. Kelly
6 Oak Ridge Drive
Newtown, CT 06470

DIRECTOR, CEO & PRESIDENT:

Mr. Christopher J. Garcia
National Healthcare Resources, Inc.
711 Westchester Avenue, 2nd floor
White Plains, NY 10604

EXECUTIVE VICE PRESIDENT OF FINANCE, SECRETARY & TREASURER:

Mr. James Cusumano
National Healthcare Resources, Inc.
711 Westchester Avenue, 2nd floor
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