

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000004123

1. Corporation Name

MEDE AMERICA CORPORATION

Principal Place of Business

90 MERRICK AVE.  
EAST MEADOW NY 11554

Mailing Address

90 MERRICK AVE.  
EAST MEADOW NY 11554

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

Suite, Apt. #, etc.

669 River Drive, Center 2

City & State

Elmwood Park NJ

Zip

07407

Country

U.S.A.

Suite, Apt. #, etc.

669 River Drive, Center 2

City & State

Elmwood Park NJ

Zip

07407

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/1997

5. FEI Number

11-3270245

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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	City / State / Zip
C	MCINERNEY, THOMAS E	320 PARK AVE., STE. 2500	NEW YORK NY 10022
D	MURRAY, TIMOTHY M	222 W. ADAMS ST., 33RD FL. SEE ATTACHMENT	CHICAGO IL 60606
D	DE NICOLA, ANTHONY	320 PARK AVE., STE. 2500	NEW YORK NY 10022
DP	STAUBT, THOMAS P	90 MERRICK AVE.	EAST MEADOW NY 11554
D	WINCHESTER, ALAN	8601 SIX FORKS RD., STE. 300	RALEIGH NC 27615
TS	BANKOSKY, RICHARD P	90 MERRICK AVE, STE 501	EAST MEADOW NY 11554

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

ET 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

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.

100004685641--4  
-11/16/01--01070--011

\*\*\*\*767.50 \*\*\*\*767.50

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-9-01

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/01

Date

(201) 703-3400

Daytime Phone #

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Attachment to Florida Reinstatement  
and Annual Report  
of  
MedE America Corporation

<u>Title</u>	<u>Name</u>	<u>Address</u>
D/P	Thomas P. Apker	669 River Drive, Center 2 Elmwood Park, NJ 07407
D/T	Anthony Vuolo	669 River Drive, Center 2 Elmwood Park, NJ 07407
D/VP/S	Charles A. Mele	669 River Drive, Center 2 Elmwood Park, NJ 07407
VP	Linda Ryan	Two Lakeview Plaza 15 Century Boulevard, STE 600 Nashville, TN 37214
VP	Frank J. Failla, Jr.	669 River Drive, Center 2 Elmwood Park, NJ 07407
VP	Gregory T. Stevens	Two Lakeview Plaza 15 Century Boulevard, STE 600 Nashville, TN 37214
VP	Kirk G. Layman	669 River Drive, Center 2 Elmwood Park, NJ 07407
VP	Tim Sayre	669 River Drive, Center 2 Elmwood Park, NJ 07407
VP/AS	Jane M. Garrett	Two Lakeview Plaza 15 Century Boulevard, STE 600 Nashville, TN 37214