



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000005909 1. Entity Name TSG HEALTH CARE RESOURCES, INC.						FILED 05 FEB -2 AM 8:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 92 MONTVALE AVE., STE. 4000 STONEHAM, MA 02180-3635				Mailing Address 92 MONTVALE AVE., STE. 4000 STONEHAM, MA 02180-3635			
2. Principal Place of Business 2 Main Street Suite, Apt. #, etc. Suite 325		3. Mailing Address 2 Main Street Suite, Apt. #, etc. Suite 325					
City & State Stoneham MA		City & State Stoneham MA		4. FEI Number 01112005 REIN-P CR2E098 (6/04) 04-3393409		Applied For <input type="checkbox"/> Not Applicable	
Zip 02180		Country		Zip 02155		Country	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
8. 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. I am familiar with and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME EVANOFF, STEVE STREET ADDRESS 92 MONTVALE AVE., STE. 4000 CITY-ST-ZIP STONEHAM, MA 021803635				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS 2 Main Street, Suite 325 CITY-ST-ZIP Stoneham MA 02155			
TITLE VP <input type="checkbox"/> Delete NAME HAMPOIAN, SCOTT STREET ADDRESS 92 MONTVALR AVE SUITE 4000 CITY-ST-ZIP STONEHAM, MA 021803635				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS 2 Main Street, Suite 325 CITY-ST-ZIP Stoneham MA 02155			
TITLE CFO <input type="checkbox"/> Delete NAME CHAMBERLAIN, PAUL STREET ADDRESS 92 MONTVALE AVE., STE. 4000 CITY-ST-ZIP STONEHAM, MA 021803635				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS 2 Main Street, Suite 325 CITY-ST-ZIP Stoneham MA 02155			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Paul Chamberlain</u> Paul Chamberlain				Date <u>1/11/05</u> Daytime Phone # <u>781-279-2525</u>			