

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -6 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005909

1. Corporation Name TSG Health Care Resources Inc.

100012304311
02/11/03--01011--023 **1200.00

2. Principal Office Address

92 Montvale Ave

Suite, Apt. #, etc.

Suite 4000

City & State

Stoneham MA

Zip

02180

Country

USA

3. Mailing Office Address

92 Montvale Ave

Suite, Apt. #, etc.

Suite 4000

City & State

Stoneham MA

Zip

02180

Country

USA

REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1997

5. FEI Number

04-3393409

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Road.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 2/6/03

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------|--------------------------------------|---|--------------------|
| President | Steve Evanoff | 92 Montvale Ave | Stoneham MA 02180 |
| V.P. | Scott Hampson | 92 Montvale Ave. | Stoneham MA 02180 |
| C.F.O | Paul Chamberlain | 92 Montvale Ave | Stoneham MA 02180 |
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10. 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:

Paul Chamberlain Paul Chamberlain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

chc

02/04/03

Date

781-279-2525

Daytime Phone #

CR2001 (10/02)

js 2/10/03