

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  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 OCT 21 AM 10:52

DOCUMENT # F98000002970

1. Corporation Name  
 Medical Management Consultants of Pinellas, Inc., a New Jersey corporation authorized to transact business in the State of Florida

Principal Place of Business Mailing Address  
 27910 U.S. Highway 19, N. 27910 U.S. Highway 19, N.  
 Clearwater, FL 33761 Clearwater, FL 33761

REINSTATEMENT 95

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5/26/98	
City & State		City & State		5. FEI Number	
Zip		Zip		22-2923418	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PCST	Liberti, Frank E.	27910 U.S. Highway 19, N.	Clearwater, FL 33761
D.	Liberti, Frank E.	27910 U.S. Highway 19, N.	Clearwater, FL 33761
			100003032331--4 -11/02/99--01051--025 ***200.00 ***200.00
			100003032331--4 -11/02/99--01051--026 ***558.75 ***558.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Liberti, Frank E. 27910 U.S. Highway 19, N. Clearwater, FL 33761		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State <b>FL</b> 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 Frank E. Liberti Date 10/14/99  
 Frank E. Liberti REGISTERED AGENT MUST SIGN

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)(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: Frank E. Liberti 10/16/99 727-723-0040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Frank E. Liberti, President

CR2E040 (1/98)