PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F99000001978

1. Corporation Name

CBIZ MEDICAL MANAGEMENT PROFESSIONALS, INC.

Principal Place of Business

Mailing Address

5959 SHALLOWFORD ROAD. SUITE 511 CHATTANOOGA TN 37421

5959 SHALLOWFORD ROAD, SUITE 511 CHATTANOOGA TN 37421

FILED

03 NOV -7 AM 9:04

SECRETARY OF STATE TALLAHASSEE, FLORIDA



RFINSTATEMENT 32

if above addresses are incorrect in any way, line through incorrect information and enter correction below.								U /	
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						Date Incorporated or Qualified To Do Business in Florida			
6480 Rockside Woods Blvd. 6480 Ro Suite, Apt. #, etc. Suite, Apt. #					ockside Woods Plvd.				
Suite 330 Suite 3						5. FEI Number App		Applied For	
City & State City & State						34-1878476 Not Ap		Not Applicabl	
Cleveland, OH Clevela Zip Country Zip				OH Country		6. \$8.75 Additional Fee requir			
44131 USA 4413					CERTIFICATE OF STATUS DESIRED for a Certificate of Status				
7. Names a	and Street Add	dresses of Each Officer and	1/or Director (Flo	rida nonpro	fit corporations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director	City / State / Zip			
1				3			4		
*	CONTAREK, ROBERT E			5959 CHALLOWFORD ROAD STEP 511			GHATTANOOGA TN 07421 -		
S	GLEESPEN, MICHAEL W			6840 ROCKSIDE WOODS BLVD., SUITE			CLEVELAND OH 44131		
AT-V	YOUNG, FELICIA R- Russell D. Compton			6840 ROCKSIDE WOODS BLVD., SUITE			CLEVELAND OH 44131		
v	GRISKO, JEROME P JR			6480 ROCKSIDE WOODS BLVD			INDEPENDENCE OH 44131		
Р	BUSH, J. DOUGLAS JR.			5959 SHALLOWFORD ROAD SUITE 511			CHATTANOOGA TN 37421		
·V	HULSEY, G DARRELL 5				ALLOW ORD ROAD SUIT	. E 511	CHATTANOOGA TN 3742		
	8. Nam	e and Address of Current	Registered Age	ent		9. Name and	Address of New Registered Age	ent	
					Name				
C T CORPORATION SYSTEM					Street Address (P.O. Box Number in No. Aggentation 002 **150. 00				
1200 S	OUTH PINE	ISLAND ROAD			45517,124.1555 (1	1 17U7	703************************************	150.00	
PLANTATION FL 33324					Suite, Apt. #, Etc.				
					City		State 2	Zip Code	
10. I, being	appointed the	registered agent of the ab	ove named corpo	ration, am f	amiliar with and accept the ob	oligations of Sec	ation 607.0505, F.S. or 617.0505, F	.S.	

REGISTERED AGENT MUST SIGN DI

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 of Registered Agent

Michael W. Gleespen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03 216-447-9000

Daytime Phone #



Century Business Services

CBIZ Corporate Office

6480 Rockside Woods Blvd. S., Suite 330

Cleveland, OH 44131 Phone: 216-447-9000 Fax: 216-447-9007

October 23, 2003

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Application for Reinstatement

Enclosed is an Application for Reinstatement for CBIZ Medical Management Professionals, Inc. plus the \$150.00 filing fee. Please waive the reinstatement fee. Due to the fact that this corporation changed its address the previous year we did not receive the prior uniform business reports.

Very truly yours,

Michael W. Gleespen

Secretary

enclosures