

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-98 REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 98 JAN 21 AM 9:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # H53222					
1. Corporation Name LIFELINE MEDICAL SERVICES, INC.					
Principal Place of Business 3192 W. MIDWAY ROAD FT. PIERCE, FL 34981			Mailing Address 		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 4/29/1985 5. FEI Number 59-2520013	
				6. CERTIFICATE OF STATUS DESIRED <input 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	JOSEPH PAOLELLA	58 MIDDLETOWN AVE	NEW HAVEN, CT 06513		
VP	RICHARD CASSELLA	58 MIDDLETOWN AVE	NEW HAVEN, CT 06513		
Director	DEBORAH CROUSE	3192 W. MIDWAY RD.	FT PIERCE, FL 34981		
REINSTATEMENT 97-98 G. Alan					
8. Name and Address of Current Registered Agent DEBORAH CROUSE 3192 W. MIDWAY RD. FT PIERCE, FL 34981			9. Name and Address of New Registered Agent Name Jan. 21, 1998 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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 REGISTERED AGENT MUST SIGN Date 1/18/98					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/18/98 561-465-0410 Daytime Phone #		

CR2E040 (12/96)