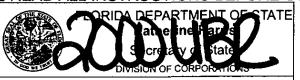
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





**DOCUMENT #** 

J01007

1. Corporation Name

## INDEPENDENT MEDICAL AND DENTAL CONSULTANTS, INC

Principal Place of Business

Mailing Address

36 W. RT. 70. PO BOX 448

SUITE 214

SIGNATURE:

MARLTON NJ 08053

36 W. RT. 70. PO BOX 448

SUITE 214

MARLTON NJ 08053

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

B. MORK

DR. HERBERT



FILED

00 OCT 24 AM 11: 40

SECRETARY OF STATE TALLAHASSEE FLORIDA

U8 Kabawa a		:tipuusuu line t	US	ofarmation a	nd onter correction below			KE	
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail					ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 02/24/1986		
				Suite, Apt. #, etc.			5. FEI Number Applied For		
-City & State C			City & State	City & State			22-2436812 Not Applicable		
Zip	***************************************	Country	Žip		Country			75 Additional Fee require or a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonpro	fit corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director		City / State / Zip		
S	GROSS, DEBRA			36 W. RT 70, STE. 214, PO BOX 448			MARLTON NJ 08053		
TD	MORGENROTH, HERBERT B.			36 W. RT 70, STE. 214, PO BOX 44%			MARLTON NJ 08053		
PVP	GROSS, DEBRA			36 W. RT 70, STE. 214, PO BOX 448		MARLTON NJ 08053			
						-	900003455 ****150.00	1793 01088004 ) ****150.00	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
					Name				
	rman, Kaf 5 n.w. 11th				Street Address (	Street Address (P.O. Box Number is Not Acceptable)			
_	TATION FL				Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
3 mg.					City				
10. I, being	appointed th	e registered agent of the a	bove named corp	oration, am	familiar with and accept the o	bligations of Se	ction 607.0505, F.S.		
Signature o Registered		Karen	Auberna REGISTERED AG		SIGN		Date 10\20	100	
					<del></del>				
11. I certify	that I am an o	officer or director or the rec	eiver or trustee er	mpowered to	execute this application as particular the corporate name satisfies	provided for in C	hapter 607 or 617, F.S. I further	certify that when filing	

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

10/18/00

## **Independent Medical and Dental Consultants**

Home Office: 36 West Route 70

Suite 214

PO Box 448

Marlton; NJ 08053

October 18, 2000

RE: #J01007

INDEPENDENT MEDICAL AND DENTAL CONSULTANTS

To Whom It May Concern:

Enclosed please find a copy of check #46265, in the amount of \$150.00, which was sent overnite but never received or cashed.

When we received an application for reinstatement, I called and spoke with Leslie and she informed me that our check was not received or recorded. I was told to send this letter of explanation along with the reinstatement application and a new check for \$150.00.

Please acknowledge receipt and reinstatement of Independent Medical and Dental Consultants.

Thank you for your attention to this matter.

Sincerely,

Lisa Foster,

Accounting Supervisor

(856) 596-8100

Toll Free: 1-800-441-IMDC

Fax (856) 596-0057