PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P00000103085 DOCUMENT

1. Corporation Name

MEDICAL SYSTEMS GROUP, INC.

Principal Place of Business

Mailing Address

935 2ND STREET

935 2ND STREET

FILED

03 OCT 20 AM 10: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MIAMI BEACH FL 33139 MIAMI B				ICH FL 33139]			
If above a	ddresses are	incorrect in any way, line thro	ough incorrect in	ntormation a	ınd enter	correction below.	EINST	ATEMENT	03	
					ng Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt. #,				etc.			11/02/2000			
City & State City &				ate			_5_ FEI Number Applied For Not Applicable			
Zip . Country			Zip Country			,	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at let							st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
 	POSNER, CARTER			3024 DAY AVENUE				MIAMI BEACH FL 33139.		
JAPO PO	HENTSCH	3024 DAY AVE.				MIAMI FL 33133				
VPD	POSNER, EDYTHE			935 2ND STREET				MIAMI BEACH FL 3315	39_	
MD	Carl	935 2nd st. Miami Be			Beach	Fc 33139	,			
				6			60	00023924096 00301006030 **150.00		
				loi St			VAP			
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent			
POSNER CARTER—Christie Hertschil Street Addr Street Addr 3024 DAY AVENUE							O. Box Number	Hentschl is Not Acceptable)		
MIAMI FL 33133				Suite, Apt. #, Etc.			Pani Beach, PC 33/39 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. or 617.0505, F.S.										
Signature of Registered Agent Date										
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.



Medical Systems Group, Inc. 935 2nd Street Miami Beach, FL. 33139 Ph: 305-860-4449

Fax: 305-418-7433 Email: Christie@PCCGroup.com.

PC CONSULTANT GROUP, INC.

Turn-Key Integrated PACS-RIS Solutions

October 14, 2003

Division of Corporations

Annual Report/ Reinstatement Section

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Re: Response to Notice of Administrative Dissolution or Revocation

To whom it may concern:

I have received a Notice of Administrative Dissolution or Revocation and I am writing this letter to state that Medical Systems Group, Inc. d/b/a PCCG, Inc. did not receive any of the two prior UBR notices that are mentioned in the letter that we should have received.

DICOM, HL7 & HIPAA

Compliant

Economical PACS Solution

Medical Systems Group, Inc. is submitting the fee with this letter and the \$ 150.00 to file the UBR. As president I certainly indeed want to continue the corporation and my business. I do not understand how this could have slipped the attention of the company and it's employees. In any case Medical Systems Group, Inc. is requesting that our corporation be reinstated without penalty per this letter of documentation that I did not nor did any one in my company knowingly receive any prior notices of the UBR being delinquent or needing to be filed until now.

Thank your for your time and attention to this matter.

Sincerely,

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Christie Hentschl - President

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