PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 DEC 31

FLORIDA DEPARTMENT OF STATE
**Jim Smith**
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 31 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053603

1. Corporation Name

**MEDICAL APPEALS PROCESSING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1475 WEST CYPRESS CREEK ROAD<br>SUITE 204<br>FORT LAUDERDALE FL 33309 | ~~1475 WEST CYPRESS CREEK ROAD~~<br>~~SUITE 204~~<br>~~FORT LAUDERDALE FL 33309~~ |

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 | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 310 S.E. 3rd ST |
| City & State | | City & State | POMPANO BEACH FL. |
| Zip | Country | Zip | 33060 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida: 05/31/2001

5. FEI Number: 651104606 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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 | 4 City / State / Zip |
|---|---|---|---|
| D | CIOFFI, ALBERT R | 1475 WEST CYPRESS CREEK ROAD #20 | FORT LAUDERDALE FL 33309 |
| | | | |
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| | | | |
| | | | |

300009756203
12/31/02--01014--006 **150.00

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| CIOFFI, ALBERT R<br>1475 WEST CYPRESS CREEK ROAD<br>SUITE 204<br>FORT LAUDERDALE FL 33309 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State FL / Zip Code |

CR2E040 (8/02)

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: Albert R Cioffi SIGNATURE REQUIRED — Date: 12-22-02
REGISTERED AGENT MUST SIGN

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:** Albert R Cioffi SIGNATURE REQUIRED Director — 12-22-02 — (954) 257-1644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# HEALTHCARE FINANCIAL ENTERPRISES

12-22-02

Dear Sir:

Please be advised that I never received any of the renewal forms for my corporation. This is the second time this has happened. Since I am at that address on a very limited part-time basis, I believe it would be better to have all future correspondence sent to my home. I spoke with Matt from your department and he suggested I send in the original amount of $150.00 along with a note stating I did not receive earlier notice. Thank you very much for your attention in this matter.

Sincerely

Albert R. Cioffi, M.D., President
Medical Appeals Processing, Inc.

C Mr. Albert Cioffi
310 SE 3rd St
Pompano Beach, FL 33060-7120

1475 West Cypress Creek Road, Suite 204 • Ft. Lauderdale, FL 33309 • (800) 682-6023
Fax (954) 771-2340 • E-mail: info@hfeinc.com • Website: www.hfeinc.com