

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P030000022393

1. Corporation Name

STAFF MED ON CALL, INC.

FILED

08 OCT -8 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box # 1560 SAWGRASS CORP. PKWY		3. Mailing Office Address 1560 SAWGRASS CORP. PKWY	
Suite, Apt. #, etc. 4TH FLOOR		Suite, Apt. #, etc. 4TH FLOOR	
City & State SUNRISE, FLORIDA		City & State SUNRISE, FLORIDA	
Zip 33323	Country US	Zip 33323	Country US

7. Name and Address of Current Registered Agent

Name MATHEW KRISHNAMACHARI			
Street Address (P.O. Box Number is Not Acceptable) 1560 SAWGRASS CORPORATE PARKWAY			
Suite, Apt. #, Etc. 4TH FLOOR			
City SUNRISE		State FL	Zip Code 33323

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 10/7/2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	MATHEW KRISHNAMACHARI	1560 SAWGRASS CORP. PKWY	SUNRISE, FL 33323
			200136781542
			10/09/08-01046--003 **400.00
			200136781542
			10/09/08-01046--004 **500.00

10. 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 contained in Chapter 119, 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:

10/7/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #