

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 APR 29 AM 11:52  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P36379**  
 1. Corporation Name **Physician Computer Network, Inc.**

Principal Place of Business Mailing Address  
**1200 The American Road**  
**Moeeis Plains, NJ 07950**

**REINSTATEMENT**

95-99  
 CVO

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 **11/21/91**

5. FEI Number **22-2485688** 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)

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	Henry Green	1200 The American Rd	Moeeis Plains, NJ 07950
Exec. V	Jack Moethell	same as above	
Se. V	Tom Wreback	same as above	
Se. V	James Bailey	same as above	
Se. V	Ken Eensting	same as above	
Se. V	Steve Kelsky	same as above	

8. Name and Address of Current Registered Agent  
**Prentice-Hall Corp. System, Inc**  
**1209 Hays Street Ste 105**  
**Tallahassee, FL 32301**

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable) **700002164497--9**  
 Suite, Apt. #, Etc. **-05/02797--01137--007**  
 City State Zip Code **\*\*\*1080.00 \*\*\*1080.00**  
**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 **Deborah A. Skipper Asst. Sec** REGISTERED AGENT MUST SIGN  
 Date **4/14/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (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: **Thomas F. Wrasacic** **THOMAS F. WRASACIC** **4/2/97** **201-490-3100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)