

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **P36379**

1. Corporation Name **Physician Computer Network, Inc.**

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

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		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/21/91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 22-2485688	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
1	2	3	4
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. **-05/02/97--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 **Heborah de 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. Wrasacik

THOMAS F. WRASACIK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97
Date

201-490-3100
Daytime Phone #

CR2E040 (12/96)