

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 # P93000019173

1. Corporation Name

MANAGEMED, INC.

Principal Place of Business

676 S MILITARY TR
DEERFIELD BEACH FL 33442-2985

Mailing Address

676 S MILITARY TR
DEERFIELD BEACH FL 33442-2985

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 350 N.W. 12th Ave.	3. New Mailing Office Address, If Applicable 1601 Belvedere Rd.	4. Date Incorporated or Qualified To Do Business in Florida 03/09/1993
Suite, Apt. #, etc. Suite 500E		5. FEI Number 65-0398882
City & State West Palm Beach, FL		Applied For Not Applicable
Zip 33406	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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD P	TURNOFF, BYRON Gigliotti, Anthony J.	676 S MILITARY TR 1601 Belvedere Rd., #500E	DEERFIELD BEACH FL 33442 West Palm Beach, FL 33406
VD	BLECHMAN, DAVID	676 S MILITARY TR 350 N.W. 12th Ave.	DEERFIELD BEACH FL 33442
D	Brovenick, Alvin	350 N.W. 12th Ave.	Deerfield Beach, FL 33442
T	Harkins, Christopher T.	1601 Belvedere Rd., #500E	West Palm Beach, FL 33406
			500002346625-8 -11/13/97-01076-016 ****750.00 ****1500.00
			<i>80</i>

8. Name and Address of Current Registered Agent

TURNOFF, BYRON
676 S MILITARY TR
DEERFIELD BEACH FL 33442-2985

9. Name and Address of New Registered Agent

Name
Palenzuela, Roberto L.
Street Address (P.O. Box Number Is Not Acceptable)
1601 Belvedere Rd. -11/13/97-01076-017
Suite, Apt. #, Etc. ****8.75 ****8.75
City
West Palm Beach
State FL
Zip Code 33406

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

filed 11/11/97
REGISTERED AGENT MUST SIGN

Date *11/11/97*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Christopher T. Harkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-97 561-684-2225

Date Daytime Phone #