05-30-2007 90006 021 ***150.00
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FILED

07 JUN -4 PM 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40119060

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000061101

1. Entity Name
C.R.S. OF FT. LAUDERDALE, INC.

Principal Place of Business	Mailing Address
6721 S.W. 20TH STREET FT. LAUDERDALE, FL 33317	6721 S.W. 20TH STREET FT. LAUDERDALE, FL 33317

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT

05252007 Eng-P CR2E034 (12/00)

4. FEI Number 65-0433753 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRETT, GLEN 6721 S.W. 20TH STREET PLANTATION, FL 33317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETT, DIANA 6721 S.W. 20TH STREET PLANTATION, FL 33317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-23-07 954-567-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
H01190080
#P93000061101

THE SOTO LAW GROUP, P.A.

915 MIDDLE RIVER DRIVE
SUITE 304
FORT LAUDERDALE, FL 33304
(954) 567-1776, (954) 567-1778 facsimile
Website: www.sotolawgroup.com

Oscar E. Soto
Angela D. Soto
Alexander O. Soto
Felena R. Talbott
Kimberly A. Gessner
Ricardo R. Reyes

July 28, 2006

Secretary of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Dissolution of May 12, 2006

Carol Mustain,

The undersigned represents CRS of FT. Lauderdale, Inc. With respect to the above referenced matter. CRS never received a notice of failure to maintain a registered agent in florida and never received any correspondenc until the Certificate of Dissolution. CRS hereby request that the corporation be reinstated without cost and the undersigned be noted as the registered agent.

If you have any questions, please let me know.

Respectfully yours,

Alexander O. Soto
For the firm

AOS/ec

ATTACHMENT
40119080
#P93000061101

CONSENT TO SERVE AS REGISTERED AGENT
FOR
C.R.S. OF FT. LAUDERDALE, INC.

Having been named in the state of Florida as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Date: July 27, 2006

Alexander O. Soto, Esq.
Signature of Registered Agent

FILED

2007 JUN -4 PM 4:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

0601

CR2E081 (12/05)

DOCUMENT # P04000148854

1. Corporation Name

Comprehensive Occupational and Clinical Health, Inc.

2. Principal Office Address	3. Mailing Office Address
367 South Gulph Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: King of Prussia, PA	City & State
Zip: 19406 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/29/2004

5. FEI Number: 20-1819952 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation — State: FL — Zip Code: 33324

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: Carrie Bury — Date:

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, P	Alan B. Miller	367 South Gulph Road	King of Prussia, PA 19406
D, VP	Steve Filton	367 South Gulph Road	King of Prussia, PA 19406
D, S	Bruce R. Gilbert	367 South Gulph Road	King of Prussia, PA 19406

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: Bruce R. Gilbert — 6/4/2007 — 610-768-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/04/2006 C T System Online

Florida Department of State
Division of Corporations
Public Access System

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To:
     Division of Corporations
     Fax Number      : (850)205-0384

From:
     Account Name    : C T CORPORATION SYSTEM
     Account Number  : FCA000000023
     Phone           : (850)222-1092
     Fax Number      : (850)878-5926
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CORPORATION REINSTATEMENT

COMPREHENSIVE OCCUPATIONAL AND CLINICAL HEALTH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

Electronic Filing Menu Corporate Filing Menu Help

06/04/2007 15:24 8502227615 CT CORP PAGE 01/02

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2007 JUN -4 PM 2:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E081 (1/07)

99-07

DOCUMENT # P98000010127

1. Corporation Name
Marsala's Pizza Corp.

2. Principal Office Address - No P O Box #
20321 Granada Oaks Drive

Suite Apt # etc
300

City & State
Estero, FL

Zip 33928 Country

3. Mailing Office Address

Suite Apt # etc

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1/30/1998

5. FEI Number 65-0813206 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Stephen Marsala

Street Address (P O Box Number is Not Acceptable) 11427 Pembrook Run

Suite Apt # Etc

City Estero State FL Zip Code 33928

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 0505 F S

Signature of Registered Agent Stephen Marsala Date 6/4/07
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
P	Christopher Marsala	21650 Bellhaven Way	Estero FL 33928
VP	Marco Marsala	21306 Brookfield Loop	Estero FL 33928

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: Marsala Christopher Marsala 6/4/07 (239) 774-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

M. Williams JUN - 4 2007

Florida Department of State

Division of Corporations
Public Access System

DKS

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

MARSALA'S PIZZA CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,350.00

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