

2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-30-2007 90006 021 ***150.00
P93000061101

FILED

07 JUN -4 PM 12:13

40119060
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061101 1. Entity Name C.R.S. OF FT. LAUDERDALE, INC.	
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Principal Place of Business 6721 S.W. 20TH STREET FT. LAUDERDALE, FL 33317	Mailing Address 6721 S.W. 20TH STREET FT. LAUDERDALE, FL 33317
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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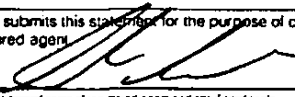


6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

4. FEI Number 65-0433753	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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:  DATE: _____

Signature, typed or printed name of registered agent and title of applicable INC/E Registered Agent signature required when reinstating

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP BARRETT, GLEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6721 S.W. 20TH STREET	NAME	
STREET ADDRESS	PLANTATION, FL 33317	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, DIANA	NAME	
STREET ADDRESS	6721 S.W. 20TH STREET	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: 5-23-07 DAYTIME PHONE: 954-567-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40119080

#P930000161/01

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. Gesmer
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

~~#P9300006/101~~

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

DOCUMENT # P04000148854

1. Corporation Name

Comprehensive Occupational and Clinical Health, Inc.

REINSTATEMENT

6/4/07

CR2E081 (12/05)

2. Principal Office Address 367 South Gulph Road		3. Mailing Office Address	
State, 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 <input type="checkbox"/>	

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

State, 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 617.0505, F.S.

Signature of Registered Agent *Carrie B...* 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)

Titles	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 118, 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* Bruce R. Gilbert Date: 6/4/2007 Daytime Phone #: 610-768-3300

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

FL010 - 01/04/2004 CT System Online

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

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

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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

DOCUMENT # P980000 10127

1. Corporation Name
Marsala's Pizza Corp.

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

3. Mailing Office Address

Suite Apt # etc
300

City & State
Estero, FL

Zip
33928

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

5. FEI Number
65-0813206

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

CR2E061 (1/07)

99-07

7. Name and Address of Current Registered Agent

Name
Stephen Marsala

Street Address (P O Box Number is Not Acceptable)
11427 Newbrook 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 617.0503 F.S.

Signature of Registered Agent
Stephen Marsala

REGISTERED AGENT MUST SIGN

Date
6/4/07

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
P	Christopher Marsala	21650 Belhaven Way	Estero FL 33928
UP	Marco Marsala	21306 Braefield 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: **Christopher Marsala** (239)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
6/4/07

Daytime Phone #
(774-2229)

Florida Department of State
Division of Corporations
Public Access System

DKS

Electronic Filing Cover Sheet

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(((H07000148612 3)))



H070001486123ABC5

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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