

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P94000090889

1. Corporation Name

PHYSICIANS CONSULTANT AND MANAGEMENT CORPORATION OF NORTH CAROLINA

Principal Place of Business	Mailing Address
3801 PGA BLVD STE 901 PALM BEACH GARDENS FL 33410 US	3801 PGA BLVD STE 901 PALM BEACH GARDENS FL 33410 US

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

00 NOV 16 PM 4: 52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/15/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0554952	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO, Pres - PD + Director	FALLETTA, LOUIS Michael T. Heffernan	10 Dorrance St., Ste. 400 3801 PGA BLVD, STE 901	Providence, RI 02903 PALM BEACH GARDENS FL 33410
COO - GEO	John Wardle WALSHON, ROBERT F.	same 3801 PGA BLVD, STE 901	same PALM BEACH GARDENS FL 33410
Treas., CFO + Secy	Gary S. Gillheaney LEATHERS, FREDERICK R.	same 3801 PGA BLVD, STE 901	same PALM BEACH GARDENS FL 33410
S	NGUYEN, DOQUYEN T	3801 PGA BLVD, STE 901	PALM BEACH GARDENS FL 33410

000003493320
-12/11/00--01036--084
****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NGUYEN, DOQUYEN T 3801 PGA BLVD STE 901 PALM BEACH GARDENS FL 33410		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	

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: *Lauren Heffernan* **LAUREN HEFFERNAN**
 SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date: 10/25/00

11. 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: *Lauren Heffernan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/25/00
 Daytime Phone #: 401-831-6755

CR2040 (800)