

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 # P94000091341

1 Corporation Name
MEDCHOICE, INC.

Principal Place of Business Mailing Address
12349 S.W. 53rd Street, Suite 205
Cooper City, FL 33330

REINSTATEMENT 98-99

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

State, Apt. #, etc. City & State Zip Country

4 Date Incorporated or Qualified To Do Business in Florida

5 F.E.I. Number 65-0562777

Applied For Not Applicable

6 CERTIFICATE OF STATUS DESIRED \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, S, T, D	Robert D. Stevens	12349 S.W. 53rd Street Suite 205	Cooper City, FL 33330

1000002886281--0
-05/25/99--01084--003
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Jeffrey S. Wachs, Esq.
c/o Doumar, Allsworth, Curtis et al
1177 S.E. 3rd Avenue
Fort Lauderdale, FL 33316

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State Zip Code
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 REGISTERED AGENT MUST SIGN

Date 5/1/99 6:20-99

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)(b), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 Date 954 252 8700 Debris Phone #

CP25250-99