PLEASE READ ALL INSTRUCTIONS BEFORE CONTROL OF STATE Sandra B. Mortham Secretary of State						1	ING THIS FORM	1. .::	
DIVISION OF CORPORATIONS							00.000		
DOCUMENT # P95000054651 1. Corporation Name							99 APR 22 AHII: 30		
MEDWATCH, INC.							SECRETARY OF STATE TALLARIASTER, FLORIDA		
Principal Place of Business Mailing Address						-			
120 INTERNATIONAL PARKWAY SUITE 176 LAKE MARY FL 32746			120 INTERNATIONAL PARKWAY SUITE 176 LAKE MARY FL 32746						
If above addresses are incorrect in any way, line through incorrect information and enter correction below New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						4. Date Incorporated or circuitied To Do Business In Florida			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEt Numbe		7/14/1995 Applied For	
City & State Zip Country			City & State	Cou	olo		59-3325519	Not Applicable	
		·	· · · · · · · · · · · · · · · · · · ·				E 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director City / State / Zip								State / Zip	
PVST	JENNINGS, LYNN			120 INTERNATIONAL PARKWAY, SUITE LAKE MARY FL 32746					
	ALLIANCE UNDERWRITERS, LIC								
				30002859193==8 -04/30/9301126015 ****750.00 ****750.00				-01126015	
			4			3	0000285: 04/30/99-	9 1 938 -01126016	
					1			1,50.00	
				⊢ - <u>-</u>	,	487	(
	B. Name and Address of Current Registered Agent				9. Nanic and Address of New Registered Agent				
120 INTERNATIONAL PARKWAY SUITE 176 LAKE MARY FL 32746						ERNATIONA ERNATIONA itc	P.O. Box Number is Not Acceptable) RNATIONAL PKWY State Zip Code TARY FL 32746		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No									
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 reinstalement 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									

11/7/98 Fue-272-1340

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR