PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 14 PM 1:12

CORPORATION REINSTATEMENT

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

DOCUMENT # P95000054934

1. Corporation Name

Total Therapeutic Management, Inc.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
95 Chastain Road	95 Chastain Road
Suite, Apt#, etc.: Suite 302	Suite, Apt#, etc.: Suite 302
City & State: Kennesaw, GA	City & State: Kennesaw, GA
Zip: ~~30114~~ 30144 Country: USA	Zip: ~~30114~~ 30144 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/13/1995 **SP**

5. FEI Number: 593321091 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $5.00 Additional Fee Required for a Certificate of Status

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 — ZipCode: 33324

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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: Joan Bolden — JOAN BOLDEN — Date: 9/12/01
REGISTERED AGENT MUST SIGN — ASSISTANT SECRETARY

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	BHARAT B. PATEL	95 Chastain Road, Suite 302	Kennesaw, GA ~~30114~~ 30144
C	HERIBERTO N. PEREZ	95 Chastain Road, Suite 302	Kennesaw, GA ~~30114~~ 30144

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****~~300.00~~ ****~~300.00~~

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 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: Bharat B Patel — 9/10/01 (Date) — 770-795-0935 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bharat B. Patel, President

FL010 - 10/05/00 C T System Online