

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
01 JUN 25 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000062952

1. Corporation Name

MEDICAL GROUP FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

650 BEACH RDMA
STE 341
VERO BEACH FL 32963

C/O CANBY MALONEY & CO.
~~46 GREEN ST 161 WORCESTER RD~~
FRAMINGHAM MA 07101
US



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

4. Date Incorporated or Qualified To Do Business in Florida

07/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0687741

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

01701 USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTC	ANDREW, JAMES	650 BEACH ROAD NO. 341	VERO BEACH FL 32963
			100004461981--4 -07/06/01--01035--025 ****900.00 ****900.00
			REINSTATEMENT 00-0

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

James Andrew

Street Address (P.O. Box Number is Not Acceptable)

650 Beach Road

Suite, Apt. #, Etc.

341

City

Vero Beach

State

FL

Zip Code

32963

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

James Andrew
REGISTERED AGENT MUST SIGN

Date

6/15/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Andrew
REGISTERED AGENT MUST SIGN

Date

6/15/01

Daytime Phone #

CR2E040 (8/00)