

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 22 PM 1:59

DOCUMENT # P96000062952

1. Corporation Name

MEDICAL GROUP FINANCIAL SERVICES, INC.

2. Principal Office Address

P.O. Box 237

3. Mailing Office Address

P.O. Box 237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, MA

City & State

Milton, MA

Zip

02186

Country

USA

Zip

02186

Country

USA

2/23/04 01074 019 900-00  
REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

7/26/1996

5. FEI Number

65-0687741

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James Andrew

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

650 Beach Road

Suite, Apt. #, Etc.

Suite 341

City

Vero Beach

State  
FL

Zip Code  
32963

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

*[Handwritten Signature]*

3/22/04

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip   |
|--------|-----------------------------------|--|----------------------|
| PTC    | James Andrew                      | 650 Beach Road, Suite 341                      | Vero Beach, FL 32963 |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |

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)(f), 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

*[Handwritten Signature]*

Date

3/22/04

800-742-0300

Daytime Phone #

7/22/04