PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS						M2			
DOCUMENT # P96000101850									
1. Corporation Name The Maritime Management Group, Inc.					97 DEC - 5 PM 12: 32				
						SECNETARY OF STATE TALLAHASSER, FLORIDA			
Mailing Address Principal Place of Business 2000 Corporate Square Blvd. 2000 Corporate Square Blvd.						Media	:		
	onville, FL 32245	DM P & 1 6 4 76	· A 7/20 A #17 A ETC /	1					
II above a	iddresses are incorrect in any way, line thro	ough incorrect i	nformation and enter		EIN2 I	ATEMENT O			
	illing Address, if Applicable	, <u> </u>	cipal Office Address.			orated of Qualified	er 17, 1996		
		Suite, Apt. #, etc.			100 0/00/100		Applied For		
City & State	Country	City & State	Countr	~	6.	to 75	Not Applicable		
	and Street Addresses of Each Officer and/o						Certificate of Status		
Title(s)	Name of Officers and/or Directors	or bijector (ric	Str	eet Address of Each		City / State	/ Zip		
D/VP	Donald S. Freedman, 1	M.D.		se Posi Office Box N ammock Court		Jacksonville, FI	32256		
D	Roy Griffin		837 Acapulco Road			Jacksonville, Fl			
D/P	Lowell D. Harmon		2000 Corporate Square Blvd.		e Blvd.	Jacksonville, FI	, 32245		
D	Robert R. Lee 20		2000 Corpo	2000 Corporate Square Blvd.		Jacksonville, FL	, 32245		
D	An End McQuaig 2741		2741 Racet	741 Racetrack Road		St. Augustine, F	L 32084		
D/VP	James H. Meade, Jr.	ames H. Meade, Jr. 230 Coquina Avenue St. Augustine, FL 32084				L 32084			
Name and Address of Current Registered Agent Name Name						ddress of New Registered Age	nt V		
Corporation Service Company Street					Streel Address (P.O. Box Number is Not Acceptable)				
1201 Hays Street Tallahassee, FL 32301				Suite, Apt. #. Etc. 00002363380 0					
-12/05/970101							813022 ****750.00		
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 Agent Date 12/5/07 REGISTERAD AGENT MUST SIGN Date 12/5/07									
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information is									
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)									
13. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Fre lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied exempt from public access. 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 thing 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.									

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CONTINUATION OF OFFICERS AND DIRECTORS

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	John M. Van Brocklin, M.D.	2000 Corporate Sq. Blvd.	Jacksonville, FL 32245
D	Mitchell Kinsey	2000 Corporate Sq. Blvd.	Jacksonville, FL 32245
S/T	Linda L. Harmon	2000 Corporate Sq. Blvd.	Jacksonville, FL 32245
AS/AT	Leslie Kritzman	2000 Corporate Sq. Blvd.	Jacksonville, FL 32245