

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 AUG 26 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Medical Milling & Practice Management, Consultants, Inc.

100007390361--8
-08/28/02--01029--018
***1058.75 ***1058.75

2. Principal Office Address

4960 SW 72 Ave

Suite, Apt. #, etc.

Suite 401 / 405

City & State

Miami FL

Zip

33155

Country

3. Mailing Office Address

690 Stockton Drive

Suite, Apt. #, etc.

Suite 200

City & State

Exton PA

Zip

19341

Country

Chester

REINSTATEMENT 00-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0322362

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Korri A. Behler

KORRI A. BEHLER

Special Assistant Secretary

Date 8/19/02

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
Pres	Robert Mauch	690 Stockton Dr Suite 200	Exton PA 19341
Tres	Terry Weikel	690 Stockton Dr Suite 200	Exton PA 19341
Sec	Andrew Janas	690 Stockton Dr Suite 200	Exton PA 19341
Dir	Robert Mauch	690 Stockton Dr Suite 200	Exton PA 19341
Dir	Gregory Campbell	8 Twin Creek Ln	Berwyn PA 19341

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Weikel

Date

8-20-02

Daytime Phone #

484-531-5021

CR2081 (9/01)

8/27/02