

PLEASE READ ALL INSTRUCTIONS BEFORE C

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
Nov 09 1999 8:00 am  
Secretary of State

DOCUMENT # V21003

1. Corporation Name

HEALTH WATCH, INC.

Principal Place of Business

777 YAMATO RD  
SUITE 350  
BOCA RATON FL 33431

Mailing Address

777 YAMATO RD  
SUITE 350  
BOCA RATON FL 33431



REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/13/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0317442	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	QUEEN, JEFFREY	777 YAMATO RD, #350	BOCA RATON FL 33431
CEO	RONALD FELDMAN	3 EXECUTIVE CAMPUS 2ND FLOOR SOUTH	CHERRY HILL, NJ 08002

900003047119--8  
-11/17/99--01054--006  
\*\*\*758.75 \*\*\*758.75

\$8.75

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION INC  
417 E VIRGINIA ST  
SUITE 1  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name	
JEFFREY QUEEN	
Street Address (P.O. Box Number is Not Acceptable)	
777 YAMATO ROAD	
Suite, Apt. #, Etc.	
SUITE 350	
City	State Zip Code
BOCA RATON	FL 33431

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 [Signature] Date 11/5/99  
REGISTERED AGENT MUST SIGN

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] 11/5/99 561-994-6999  
Date Daytime Phone #  
JEFFREY QUEEN PRES.