

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -6 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005900
1. Corporation Name TSG Health Care Resources Inc.

100012304311
02/11/03--01011--023 **1200.00

REINSTATEMENT 00-03

2. Principal Office Address <u>92 Montvale Ave</u>		3. Mailing Office Address <u>92 Montvale Ave</u>	
Suite, Apt. #, etc. <u>Suite 4000</u>		Suite, Apt. #, etc. <u>Suite 4000</u>	
City & State <u>Stoneham MA</u>		City & State <u>Stoneham MA</u>	
Zip <u>02180</u>	Country <u>USA</u>	Zip <u>02180</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>10/01/1997</u>	
5. FEI Number <u>04-3393409</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>CT Corporation System</u>	100012304311
Street Address (P.O. Box Number is Not Acceptable) <u>1200 S. Pine Island Road.</u>	02/11/03--01011--024 **\$8.75
Suite, Apt. #, Etc.	
City <u>Plantation</u>	State <u>FL</u> Zip Code <u>33324</u>

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 Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN Date 2/6/03

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
President	<u>Steve Evanoff</u>	<u>92 Montvale Ave</u>	<u>Stoneham MA 02180</u>
V.P.	<u>Scott Hampson</u>	<u>92 Montvale Ave.</u>	<u>Stoneham MA 02180</u>
C.F.O	<u>Paul Chamberlain</u>	<u>92 Montvale Ave</u>	<u>Stoneham MA 02180</u>

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: Paul Chamberlain **Paul Chamberlain** CFO/ chc 02/04/03 781-279-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

gr 2/10/03

CR2E081 (10/02)