


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F97000005909</b> 1. Entity Name <b>TSG HEALTH CARE RESOURCES, INC.</b>	
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FILED

05 FEB -2 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>92 MONTVALE AVE., STE. 4000 STONEHAM, MA 02180-3635</b>	Mailing Address <b>92 MONTVALE AVE., STE. 4000 STONEHAM, MA 02180-3635</b>
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2. Principal Place of Business <b>2 Main Street</b>	3. Mailing Address <b>2 Main Street</b>
Suite, Apt. #, etc. <b>Suite 325</b>	Suite, Apt. #, etc. <b>Suite 325</b>

01112005 REIN-P CR2E098 (6/04)

City & State <b>Stoneham MA</b>	City & State <b>Stoneham MA</b>
Zip <b>02180</b>	Zip <b>02155</b>

4. FEI Number <b>04-3393409</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

REINSTATEMENT 04-05

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EVANOFF, STEVE</b> <input type="checkbox"/> Delete <b>92 MONTVALE AVE., STE. 4000</b> <b>STONEHAM, MA 021803635</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HAMPOIAN, SCOTT</b> <input type="checkbox"/> Delete <b>92 MONTVALR AVE SUITE 4000</b> <b>STONEHAM, MA 021803635</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>CHAMBERLAIN, PAUL</b> <input type="checkbox"/> Delete <b>92 MONTVALE AVE., STE. 4000</b> <b>STONEHAM, MA 021803635</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Chamberlain Paul Chamberlain 1/11/05 781-279-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #