LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 03 MAY 22 AN 8:00 REINSTATEMENT DIVISION OF CORPORATIONS

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SECRETARY OF STATE

1. Limited I	Liability Company's Name P MEDICAL LLC	0000		TALLAHA	SSEE, FLOKIUA		
AGP	WIEDIOAL LLO			. 4 € 05,700	00019683 2/0301003030	424 **2000	
2929 SWANN AVE. 2929 S Syle, Apt. #, etc. Suite, Apt. #		ffice Address WANN AVE.	4. State/Country of Formation				
		Suite, Apt. #,		FLORIDA 5. Date Organized or Qualified To Do Business in Florida 11/14/2001			
City & State TAMPA, FL		City & State TAMPA	City & State TAMPA, FL		FEI Number 59-3755578 Applied For Not Applicable		
^{Zip} 33609	USA	^{Zip} 33609	USA	7. CERTIFICATE	E OF STATUS DESIRED (55.00)	Additional Fee required a Certificate of Status	
		8. N	ame and Address of Current Reg	istered Agent			
:	Name ARTHUR G. PET	TYGROV	E				
ı	Street Address (P.O. Box Number is		2929 SWANN AVE.		. 3		
	Suite, Apt. #, Etc. SUITE 40	0	THE RESERVE THE PROPERTY OF TH	ightum gen			
	City TAMPA		e with a real c		State Zip Code 33609	,	
9. I, being a Signature of Registered A	Agent		d liability company, am familiar with ENT MUST SIGN	and accept the obligat	tions of Chapter 608, F.S. Date 4/30/20	S.	
10. Name	s and Street Addresses of Managing Me	mbers/Managers	•				
Titles	Name of . Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
MGR	ARTHUR G. PETTYGROV	<u> </u>	2929 SWANN AVE., SUITE 400		TAMPA, FL 33609		
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filing th all fees as if m Signature of	y that I am managing member/manager is reinstatement application the reason is owed by the limited liability company had ade under oath.	or diskolution has	been eliminated, the limited liability of	company name satisfie ation is true and accura	s the requirements of section 60	08.406, F.S., and that the same legal effect	

Typed or printed name of signing Managing Manager ARTHUR G. PETTYGROVE