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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L95000000602

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 19 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L95000000602

Name and Mailing Address

0010391 01 FP 0.352 **PRSRT H8 0 0615 34655-513213

BAYSHORE PHYSICIANS OF FLORIDA, L.C.
8813 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655-5132

200009085802
11/19/02--01083--001 **150.00

11/19 2002

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 08/04/1995

Principal Place of Business: 8813 RIVER CROSSING BLVD. NEW PORT RICHEY FL 34655

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 59-3327832 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

RUIZ, ALFONZO M.D.
8813 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 11/13/02.

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RUIZ, ALFONZO M.D.	8813 RIVER CROSSING BLVD.	NEW PORT RICHEY FL 34655

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 11/13/02 Daytime Phone # 727-375-1953

Typed or printed name of signing Managing Member/Manager