

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L95000000602

Name and Mailing Address

0013677 01 AT 0.292 \*\*AUTO T9 0 0615 34655-513213
BAYSHORE PHYSICIANS OF FLORIDA, L.C.
8813 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655-5132



2. New Mailing Address
4. State/Country of Formation FL
5. Date Organized or Qualified To Do Business in Florida 08/04/1995
6. FEI Number 59-3327832
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

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 REQUIRED
REGISTERED AGENT MUST SIGN

Table with 4 columns: Title(s), Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entry for RUIZ, ALFONZO M.D. and a large 'REINSTATEMENT' stamp.

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.
Signature of Managing Member/Manager
Date 10/24/03
Daytime Phone #

CR2E084 (7/03)