PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

1. DOCUMENT # L95000000602

Name and Mailing Address

DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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



2				1180	16811 BIB 1918† BEHI BBIIK 98111 BBIIL 98111 4811) 20115 CIIII BBIID EL 1651
2. New Malling Address				State/Country of Formation FL		
City, State, Zip				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		New Principal Place of Business Address		6. FEI Number 59~3327832		Applied For Not Applicable
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Sta		
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent			
RU 881	IZ, ALFONZO M.D. I3 RIVER CROSSING BLVD.		Name Street Address (P.O. Box Number is Not Acceptable)			
NEW PORT RICHEY FL 34655						
J.	yJaryo Ming	ms)	City			Zip Code
10 I, b nr/appoi/led ne registered regent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.						
Signature of Registered Agent SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN						
11. Names	s and Street Addresses of Each Managing	Member/Manager				
Title(s)			eet Address of Each ging Member/Manager		City / State / Zip	
MGR	RUIZ, ALFONZO M.D.	8813 RIVER (8813 RIVER CROSSING BLVD.		NEW PORT RICHEY FL 34655	
		200024284702 10/30/0301033011_**150,00				2
			<u>. </u>	1,07,5071	<u> 3==111153==1111##</u>	:1. <u>51111</u>
		,		140 g 24	Canada and C	3
filing thi all fees	that I am managing member/manager or is reinstatement application the reason for owed by the limited liability or pany have ade under oath.	dissolution bas been eliminated, the	limited liability com-	pany name satisfie	s the requirements of section 60	18 406 FS and that
Signature of Managing Member/Manage Die Die Die Daytime Phone #						
Typed or pri	inted name of signing Manacing Member/	Minager				