

MO2000002306

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

600023813526 10/15/09--01010--017 ***150.00

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DOCUMENT # MO2000002306

1. Limited Liability Company's Name

New Port Richey Medical Investors, LLC

9/26/03

2. Principal Office Address

3570 Keith Street, NW

Suite, Apt. #, etc.

3. Mailing Office Address

3570 Keith Street, NW

Suite, Apt. #, etc.

City & State

Cleveland, TN

City & State

Cleveland, TN

Zip

37312

Country

Bradley

Zip

37312

Country

Bradley

4. State/Country of Formation

Tennessee, Bradley

5. Date Organized or Qualified To Do Business in Florida

8/27/02

6. FEI Number

73-1656805

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

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. 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

Mary R. Adams

REGISTERED AGENT MUST SIGN

MARY R. ADAMS ASSISTANT SECRETARY

Date 10/9/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Member	Developers Investment Company II, Inc.	3570 Keith Street, NW	Cleveland, TN 37312
REINSTATEMENT 2003			
MP			

11. 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 By: Joan E. Thurmond Date 10/18/03 Daytime Phone# (423) 473-5868

Typed or printed name of signing Managing Member/Manager Joan E. Thurmond, Assistant Secretary

CR2E041 (10/02)