

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 11 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L950000000602

1. Limited Liability Company's Name

Bayshore Physicians of Florida, L.C.

2. Principal Office Address

8813 River Crossing Blvd

Suite, Apt. #, etc.

City & State

NPR, Florida

Zip

34655

Country

U.S.A.

3. Mailing Office Address

8813 River Crossing Blvd

Suite, Apt. #, etc.

City & State

NPR, FL

Zip

34655

Country

U.S.A.

4. State/Country of Formation

2001
Florida

5. Date Organized or Qualified
To Do Business in Florida

Date Filed 8/4/1995

6. FEI Number

593327832

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

Alfonzo Ruiz, M.D.

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

8813 River Crossing Blvd

Suite, Apt. #, Etc.

City

NPR

State

FL

Zip Code

34655

100004781391-9

-01/17/02--01030--001

****155.00 ****155.00

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

Alfonzo Ruiz, M.D.

REGISTERED AGENT MUST SIGN

Date 12/13/01

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
MGR	Alfonzo Ruiz, M.D.	8813 River Crossing Blvd	NPR, FL 34655

REINSTATEMENT 2001

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

Alfonzo Ruiz, M.D.

Date 12/28/01

Daytime Phone #

727-375-1953

Typed or printed name of signing Managing Member/Manager

Alfonzo Ruiz, M.D.

CR2E041 (9/01)