

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR RESTATEMENT OF TITLE WITH
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 JUNE 17, 2013

FILED
02 NOV 27 AM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017638

Name and Mailing Address

0009573 01 FP 0.352 **PRSRRT H3 0 0615 32514-570900

[illegible]

PENSACOLA INTERNAL MEDICINE GROUP, LLC

9400 UNIVERSITY PARKWAY, STE. 406

PENSACOLA FL 32514-5709

500009240145
11/27/02--01056--001 **155.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/15/2001	
Principal Place of Business 9400 UNIVERSITY PARKWAY, STE. 406 PENSACOLA FL 32514	3. New Principal Place of Business Address	6. FEI Number 94-3409483	Applied For
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent BERTELLI, MARTY W 9400 UNIVERSITY PKWY., STE. 406 PENSACOLA FL 32514	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 Maig Beeten Date 11-18-02

REGISTERED AGENT MUST SIGN

[illegible]

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 Umarl Bertini Date 11-18-02 Daytime Phone # 850-473-8575