

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

03 JUN 17 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000053

Name and Mailing Address

0005892 01 FP 0.352 **PRSRT T8 0 0615 34233-251411

SUNCOAST PHYSICIAN MANAGEMENT, LLC
4411 BEE RIDGE ROAD, #456
SARASOTA FL 34233-2514



2. New Mailing Address

802 11th Street West

City, State, Zip

Bradenton, FL 34205

Principal Place of Business

4411 BEE RIDGE ROAD, #456
SARASOTA FL 34233

3. New Principal Place of Business Address

6815 Pindo Boulevard

City, State, Zip

Sarasota, FL 34241

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/15/1999

6. FEI Number

65-0969886

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

BLANKENSHIP, THOMAS E
7374 RIDGE ROAD
SARASOTA FL 34238

9. Name and Address of New Registered Agent

Name Blalock, Landers, Walters & Vogler, P.A.

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

802 11th Street West

City Bradenton

FL

Zip Code 34205

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

Blalock, Landers, Walters & Vogler, P.A.

By:

Barbara A. Held, VP

REGISTERED AGENT MUST SIGN

Barbara A. Held, VP

Date June 13, 2003

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VSB FAMILY PARTNERSHIP	6815 Pindo Boulevard 4411 BEE RIDGE ROAD, #456	SARASOTA FL 34233 34231

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

Barbara A. Held

Date

April 9, 2003

Daytime Phone #

941-809-2789

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 02-03

AL1

CR2E084 (8/02)