

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 APR 17 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00060001540

1. Limited Liability Company's Name

SOUTH BROWARD HOSPITALISTS, P.L.

2. Principal Office Address

1800 N.W. 78 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2470 SW 131 TERRACE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

DAVIE, FL

Zip

33024

Country

U.S.A.

Zip

33325

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 02/08/2000

6. FEI Number

65-0990949

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

JUAN C. ACOSTA

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

1800 NW 78 AVENUE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024

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

REGISTERED AGENT MUST SIGN

Date

4/14/02

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
MGRM	JUAN ACOSTA	1800 NW 78 AVE	PEMBROKE PINES, FL 33024
MGRM	ROSA TAM	2470 SW 131 TERRACE	DAVIE, FL 33325

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

Date

4/14/02

Daytime Phone #

954-8350750

Typed or printed name of signing Managing Member/Manager

MANAGING MEMBER