

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000004095

1. DOCUMENT # L00000004095

Name and Mailing Address

0003651 01 FP 0.352 **PRSR T1 0 0615 33330-333855



MEDCHOICE, L.L.C.
12349 S.W. 53RD ST., STE. 205
COOPER CITY FL 33330-3338

FILED

02 NOV -8 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

12349 S.W. 53RD ST., STE. 205
COOPER CITY FL 33330

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/10/2000

6. FEI Number

65-1000020

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

STEVENS, ROBERT D
12349 S.W. 53RD ST., STE. 205
COOPER CITY FL 33330

9. Name and Address of New Registered Agent

Name

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

City

600008881926

11/08/02--01010--002 **150.00

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

REGISTERED AGENT MUST SIGN

Date

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
MGRM	STEVENS, ROBERT D	12349 S.W. 53RD ST., STE. 205	COOPERCITY FL 33330

REINSTATEMENT

2002

11/12 mst

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

Date

11/6/02

Daytime Phone #

954-252-5554

Typed or printed name of signing Managing Member/Manager

Robert D. Stevens

CR2E084 (8/02)