

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

REINSTATEMENT 2001
FILED

01 OCT 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L-8002

Northwest Florida Shared Medical Services, LLC

2. Principal Office Address

4300 North Point PKY

Suite, Apt. #, etc.

3. Mailing Office Address

4300 North Point PKY

Suite, Apt. #, etc.

City & State

Alpharetta GA

Zip

Country

30022

USA

City & State

Alpharetta GA

Zip

Country

30022

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

June 29, 2000

6. FEI Number

59-3551727

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John K. Luke

200004663042-0

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

4511 N. Davis Hwy.

-11/01/01--01064--006

****150.00 ****150.00

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

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

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
Pres.	John K. Luke	4300 North Point PKY	Alpharetta GA 30022
CEO	Gene Venesky	4300 North Point PKY	Alpharetta GA 30022
Sect.	Thomas C. Gentry	4300 North Point PKY	Alpharetta GA 30022

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

11/24/01

Daytime Phone # 770-300-0101

Typed or printed name of signing Managing Member/Manager

Thomas C. Gentry