PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 FEB -8 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

LIMITED LIABILITY COMPANY REINSTATEMENT

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

REINSTATEMENT 2001 2002

DOCUMENT # L00000008460

1. Limited Liability Company's Name
CSDD Physicians, L.L.C.
3661 South Miami Avenue Suite 805
Miami, FL 33133

2. Principal Office Address		**3.** Mailing Office Address	
3661 South Miami Avenue		3661 South Miami Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 805		Suite 805	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33133	USA	33133	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 7/18/00

6. FEI Number 22-3850296 ☐ 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
Ziskind & Arvin, P.A.

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

Suite, Apt. #, Etc.
400

City	State	Zip Code
Miami	FL	33131

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 _____ Date 2/1/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGR	Pedro Jose Greer, Jr., M.D.	3661 South Miami Avenue Suite 805	Miami, FL 33133
MGR	Cristobal Viera, M.D.	3661 South Miami Avenue Suite 202	Miami, FL 33133
MGR	Wilfredo Amaya, M.D.	3661 South Miami Avenue Suite 501	Miami, FL 33133
MGR	Virgil F. Sklar, M.D.	3659 South Miami Avenue Suite 4003	Miami, FL 33133
MGR	Jorge Echenique, M.D.	2931 Coral Way	Miami, FL 33145

2-8-02

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 2-7-02 Daytime Phone# 305-856-7333

Typed or printed name of signing Managing Member/Manager Pedro Jose Greer, Jr., M.D., Manager