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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000009928

APPLICATION FOR REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009499535
12/13/02--01012--002 **150.00

**1. DOCUMENT #** L00000009928

Name and Mailing Address

0009570 01 FP 0.352 **PRSRT H3 0 0615 32514-603983

EMERGENCY MEDICINE SPECIALISTS, P.L.C.
8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514-6039

CR2E084 (8/02)

| | |
|---|---|
| **2.** New Mailing Address | **4.** State/Country of Formation: FL |
| City, State, Zip | **5.** Date Organized or Qualified To Do Business in Florida: 08/17/2000 |
| Principal Place of Business: 8383 NORTH DAVIS HIGHWAY PENSACOLA FL 32514 | **3.** New Principal Place of Business Address / City, State, Zip |
| **6.** FEI Number: 59-3670067 | 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** | **9. Name and Address of New Registered Agent** |
|---|---|
| ~~SPEER, GREGORY C M.D.~~ 8383 NORTH DAVIS HIGHWAY PENSACOLA FL 32514 | Name: MICHAEL L. DUPUIS, M.D. |
| | Street Address (P.O. Box Number is Not Acceptable): 8383 NORTH DAVIS HIGHWAY |
| | City: PENSACOLA FL Zip Code: 32514 |

**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: Michael L. Dupuis Date: 12/2/02

REGISTERED AGENT MUST SIGN

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

REINSTATEMENT 2002

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGRM | DUPUIS, MICHAEL L M.D. | ~~735 TANGEWOOD~~ 735 TANGLEWOOD DR | PENSACOLA FL 32503 |
| MGRM | ~~SPEER, GREGORY C M.D.~~ LANDRY, Kim M. M.D. | ~~51807 RANDOLF AVE~~ 405 WATERFORD LANE | ~~LILLIAN AL 36549~~ GULF BREEZE, FL 32561 |
| MGRM | ~~DIAZ, CARLOS R M.D.~~ PETER M. MANIS, M.D. | ~~11500 DUELING OAKS DR~~ 6435 DUNLIETH PLACE | ~~PENSACOLA FL 32514~~ PENSACOLA, FL 32504 |
| MGRM | ATWELL, GEORGE W M.D. | 201 W BRAINARD ST | PENSACOLA FL 32501 |
| MGRM | REESE, JOHN LANCE M.D. | 2415 BAYSHORE DR | GULF BREEZE FL 32561 |
| MGRM | NEAL, CHARLES LEE D.O. | 1129 SOUNDVIEW TR | GULF BREEZE FL 32561 |

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**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: Michael L. Dupuis Date: 12/2/02 Daytime Phone #: (850) 494-6560

Typed or printed name of signing Managing Member/Manager: MICHAEL L. DUPUIS, M.D.