

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000010053

1. Entity Name
TWIN LAKES FAMILY PRACTICE, PL



FILED
2004 OCT 26 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1688 W. GRANADA BLVD., SUITE 2A
ORMOND BEACH, FL 32174

Mailing Address
1688 W. GRANADA BLVD., SUITE 2A
ORMOND BEACH, FL 32174

2. Principal Place of Business
1890 LPGA Blvd.

3. Mailing Address
1890 LPGA Blvd

Suite, Apt. #, etc.
170

Suite, Apt. #, etc.
170

City & State
Daytona Beach, Florida

City & State
Daytona Beach, Florida

Zip
32117

Country
Volusia

Zip
32117

Country
Volusia

10222004 REIN-LLC CR2E101 (6/04)

4. FEI Number
59-3665600

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TANNER-ST. JAMES, CAROL M.D.
1688 W. GRANADA BLVD., SUITE 2A
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name - Carol Tanner-St. James, M.D.
Street Address (P.O. Box Number is Not Acceptable)
1890 LPGA Blvd.
Suite 170
City Daytona Beach FL Zip Code 32117

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol Tanner-St. James* DATE 10/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CAROL TANNER-ST. JAMES MD ☐ Delete
STREET ADDRESS 1688 W. GRANADA BLVD. SUITE 2A
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
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NAME ☐ Delete
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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Carol Tanner-St. James, M.D.
STREET ADDRESS 1890 LPGA Blvd, Suite 170
CITY-ST-ZIP Daytona Beach, FL 32117

TITLE ☐ Change ☐ Addition
NAME 200042188792
STREET ADDRESS 10/26/04--01063--003 **155.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Carol Tanner-St. James* (Carol Tanner-St. James) 274-3354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 10/22/04 Daytime Phone #