

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 14 PM 3:17

DOCUMENT # **L00000010500**

1. Limited Liability Company's Name

Delray Outpatient Properties, L.L.C.

2. Principal Office Address

2424 N. Federal Hwy
Suite, Apt. #, etc.

Suite 456

City & State
Boca Raton, FL

Zip Country
33431 USA

3. Mailing Office Address

2424 N. Federal Hwy
Suite, Apt. #, etc.

Suite 456

City & State
Boca Raton, FL

Zip Country
33431 USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

August, 31, 2000

6. FEI Number

65-1107465

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

David J. Menkhaus

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

2424 N. Federal Hwy

Suite, Apt. #, Etc.

Suite 456

City

Boca Raton

State

FL

Zip Code

33431

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/12/02

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
M	David J. Menkhaus	2424 N. Federal Hwy Suite 456	Boca Raton, FL 33431
MGRM	James DeGerome	1325 So. Congress Ave Suite 211	Boynton Beach, FL 33426
M	Mark Dosch	1325 So. Congress Ave Suite 211	Boynton Beach, FL 33426
M	Richard Milgrim	1325 So. Congress Ave Suite 211	Boynton Beach, FL 33426
M	Harvey I. Garber	5210 Linton Blvd. Suite 306	Delray Beach, FL 33484

REINSTATEMENT 2001-2002

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

[Signature]

Date

2/12/02

Daytime Phone #

561-394-7910

Typed or printed name of signing Managing Member/Manager

David J. Menkhaus

Rein 100.00
01 50
02 50

up 2/26

CR2E041 (9/01)