▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

L00000010651

APPROVED AND FILED
03 NOV 25 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000010651

Name and Mailing Address

0011136 01 AT 0.292 **AUTO TO 0 0615 34280-429696

MANATEE MEDICAL SPECIALISTS, LLC
P.O. BOX 14296
BRADENTON FL 34280-4296

REINSTATEMENT

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 09/05/2000

Principal Place of Business
2227 59TH WEST
BRADENTON FL 34209

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
NOT APPLICABLE

☐ 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

CONLEY & DORMAN CHARTERED
2401 MANATEE AVE. W.
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name LORI M. DORMAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable) HAMRICK PERCEY QUINLAN & SMITH, ESQ.
601 12TH STREET W
City BRADENTON FL Zip Code 34205

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 SIGNATURE REQUIRED Date 11-20-03

REGISTERED AGENT MUST SIGN

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

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	WAGNER, BARBARA R	2227 59TH ST. NW	BRADENTON FL 34209
S	SAMMOUR, ADNAN K	2227 59TH ST. NW	BRADENTON FL 34209

200023681222
11/25/03 01046--002 **95.00

(P.O. Box Number is Not Acceptable)

200023681222
10/10/03--01013--004 **110.00

Zip Code

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 SIGNATURE REQUIRED Date 11/20/03 Daytime Phone # 941-795-5922

Typed or printed name of signing Managing Member/Manager