

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

01 DEC -6 PM 3:05

DOCUMENT # L000000011349

1. Limited Liability Company's Name

PALMER CLINIC ON THE KEY

100004716671--4

-12/10/01--01083--004

\*\*\*\*155.00 \*\*\*\*155.00

2. Principal Office Address

240 CRANDON BLVD.

3. Mailing Office Address

24 W. ENID DR

Suite, Apt. #, etc.

SUITE 215

Suite, Apt. #, etc.

SUITE C

City & State

KEY BISCAIYNE, FL

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

US

Zip

33149

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Wes F. De la Cruz, Jr.

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

95 Merrick Way

Suite, Apt. #, Etc.

Suite 440

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 12/5/01

**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
<u>MD</u>	<u>Roger F. Palmer, M.D.</u>	<u>24 W. Enid Dr, Ste C</u> <u>Key Biscayne, FL 33149</u>	<u>Key Biscayne, FL 33149</u>
<u>MD</u>	<u>Nelida Palmer</u>	<u>24 W. Enid Dr, Ste. C</u> <u>Key Biscayne, FL 33149</u>	<u>Key Biscayne, FL 33149</u>

**REINSTATEMENT 2001**

Rein #100  
UPR 50  
CWS 5  
155

kp

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 12/5/01

Daytime Phone # (305) 361-8655

Typed or printed name of signing Managing Member/Manager