

OCT. 17. 2002 11:27AM FOLEY & LARDNER
Division of Corporations

NO. 9536 P. 1
Page 1 of 1

L000000012398

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H02000213649 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

RECEIVED

02 OCT 17 PM 1:37

DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

MICRO-MED OF CENTRAL GEORGIA ANCILLARY SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

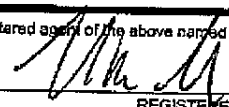
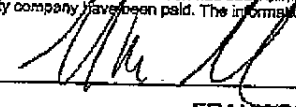
<https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe>

10/17/2002

J. BRYAN OCT 17 2002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2002 OCT 17 PM 3:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000012398					
1. Limited Liability Company's Name MICRO-MED OF CENTRAL GEORGIA ANCILLARY SERVICES LLC					
2. Principal Office Address 4289 INTERSTATE PARKWAY Suite, Apt. #, etc.		3. Mailing Office Address 4289 INTERSTATE PARKWAY Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State MACON, GEORGIA		City & State MACON, GEORGIA		5. Date Organized or Qualified To Do Business in Florida 10/11/2000	
Zip 31210	Country USA	Zip 31210	Country USA	6. FEI Number 58-2600886	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 FRANCIS M. SCHEU					
Street Address (P.O. Box Number is Not Acceptable) 5169 WEST 12TH STREET					
Suite, Apt. #, Etc.					
City JACKSONVILLE					
State FL					
Zip Code 32254					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.					
Signature of Registered Agent  Date 10/17/02					
REGISTERED AGENT MUST SIGN					
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	
MGRM	FRANK SCHEU	5169 WEST 12TH STREET		JACKSONVILLE, FLORIDA 32254	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 808.406, 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 10/17/02 Daytime Phone#					
Typed or printed name of signing Managing Member/Manager FRANK SCHEU					