Division of Corporations

L00000012398

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TALLAHASSEE, FLORIDA

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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

J. BRYAN OCT 17 2002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012398

1. Limited Liability Company's Name
MICRO-MED OF CENTRAL GEORGIA ANCILLARY SERVICES LLC

2. Principal Office Address	3. Mailing Office Address
4269 INTERSTATE PARKWAY	4269 INTERSTATE PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MACON, GEORGIA	City & State: MACON, GEORGIA
Zip: 31210 Country: USA	Zip: 31210 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/11/2000

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 608, F.S.

Signature of Registered Agent: _____ Date: 10/17/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
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 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: 10/17/02 Daytime Phone#: _____

Typed or printed name of signing Managing Member/Manager: FRANK SCHEU