

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC 22 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L-14406

1. Limited Liability Company's Name

Leesburg Family Medicine, P.L.

2. Principal Office Address - No P.O. Box #

802 East Dixie Ave

Suite, Apt. #, etc.

3. Mailing Office Address

849 Hawk Landing

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34748

Country

USA

City & State

Fruitland Park, FL

Zip

34731

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida 11/21/2000

6. FEI Number

593684481

☐ 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

Jeffrey Robinson

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

802 East Dixie Ave

Suite, Apt. #, Etc.

City

Leesburg, FL

State

FL

Zip Code

347

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

12/11/08

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
Dr	Jeffrey Robinson	802 E. Dixie Ave	Leesburg, FL 34748
Dr	Larry Foster	802 E. Dixie Ave	Leesburg, FL 34748

800139064278
12/11/08 01023-012 **282.50

REINSTATEMENT 07-08

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

Larry D. Foster MD

Date

12/11/2008

Daytime Phone #

352 7286860

Typed or printed name of signing Managing Member/Manager

Larry D. Foster MD