

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 JUL 26 A 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000016182

1. Limited Liability Company's Name
Medical Management, LLC

300039958073
03/05/04--01070--014 **250.00

2. Principal Office Address 500 N 19th Street		3. Mailing Office Address 500 N 19th Street		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 12/28/2000	
City & State Milwaukee, WI		City & State Milwaukee, WI		6. FEI Number 39-2013173	
Zip 53233	Country	Zip 53233	Country	Applied For	Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**

Suite, Apt. #, Etc.

City **Plantation** State **FL** Zip Code **33324**

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 *Beverly Stowers* Date 7/14/04

Beverly Stowers
REGISTERED AGENT MUST SIGN
Assistant Secretary

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>MEM</u>	Nat Goldberg Family Trust	780 N Water Street	Milwaukee, WI 53202
<u>MEM</u>	Henry M. Goldberg	2358 South Ocean Boulevard	Highland Beach, FL 33487

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 *Joseph M. Bernstein* Date 07/13/04 Daytime Phone # (414) 273-3500

Typed or printed name of signing Managing Member/Manager **Joseph M. Bernstein, Co-Trustee of Nat Goldberg Family Trust**

CR2004 (10/02)