

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 JUL 26 A 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016182

1. Limited Liability Company's Name

Medical Management, LLC

300039958073
03/06/04--01070--014 **250.00

2. Principal Office Address
500 N 19th Street

Suite, Apt. #, etc.

City & State

Milwaukee, WI

Zip
53233

Country

3. Mailing Office Address

500 N 19th Street

Suite, Apt. #, etc.

City & State

Milwaukee, WI

Zip
53233

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 12/28/2000

6. FEI Number 39-2013173

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

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

Beverlee Stowers
Beverlee Stowers
REGISTERED AGENT MUST SIGN
Assistant Secretary

Date

7/14/04

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
MEM	Nat Goldberg Family Trust	780 N Water Street	Milwaukee, WI 53202
MEM	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)