

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
L01000001482  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000001482  
Name and Mailing Address

02 NOV -6 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0009279 01 FP 0,352 \*\*PRSR H1 0 0615 32217-212531  
JACKSONVILLE PHYSICIAN PRACTICE SERVICES, LLC

600008218096  
11/06/02--01027--014 \*\*150.00

6015 EAST MORROW STREET, SUITE 106  
JACKSONVILLE FL 32217-2125



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/29/2001	
Principal Place of Business 6015 EAST MORROW STREET, SUITE 106 JACKSONVILLE FL 32216	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3701567	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 WALDRON, JAMES S 6015 EAST MORROW STREET, SUITE 106 JACKSONVILLE FL 32216	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 James S. Waldron Date 10-30-02  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WALDRON, JAMES S	6015 EAST MORROW STREET, SUITE 106	JACKSONVILLE FL 32218

REINSTATEMENT 02 dec

12. 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 James S. Waldron Date 10-30-02 Daytime Phone # 636-7522  
Typed or printed name of signing Managing Member/Manager