

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

Secretary of State

FILED

1. DOCUMENT # L01000001482

Name and Mailing Address

0001685 01 AT 0.292 **AUTO T8 0 0615 32217-212531



JACKSONVILLE PHYSICIAN PRACTICE SERVICES, LLC
6015 EAST MORROW STREET, SUITE 106
JACKSONVILLE FL 32217-2125

03 DEC -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E084 (7/03)

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* **SIGNATURE REQUIRED** Date 11-25-2003
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 32216

200025130162
12/01/03--01089--011 **150.00

REINSTATEMENT 2003

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* **SIGNATURE REQUIRED** Date 11-25-03 Daytime Phone # 904 636-7522

Typed or printed name of signing Managing Member/Manager