

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -2 PM 3:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

DOCUMENT # L 01000004939

1. Limited Liability Company's Name

Countryside Medical Offices LLC

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

2665 State Road 580

Suite, Apt. #, etc.

3. Mailing Office Address

2665 State Road 580

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33761

Country

US

Zip

33761

Country

US

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified
To Do Business in Florida

2002

6. FEI Number

59-3706900

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

Maria C. Marks

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

1600 Sparkling Court

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

☒ 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

Maria C. Marks
REGISTERED AGENT MUST SIGN

Date 4-23-08

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
MEM	Jeffrey Marks	1600 Sparkling Court	Dunedin FL 34698
MEM	Maria C. Marks	1600 Sparkling Court	Dunedin FL 34698
MEM	Brian Nardone	2172 Harborview	Dunedin FL 34698
MEM	Joy Wolff	2172 Harborview	Dunedin FL 34698
300126974363 04/30/08--01005--002 **\$55.00			
REINSTATEMENT 05/08			

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

Maria C. Marks

Date 4-23-08

Daytime Phone # 727-641-7546

Typed or printed name of signing Managing Member/Manager

Maria C. Marks