

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005926

Name and Mailing Address

0006118 01 FP 0.352 **PRSRT T9 0 0615 32256-956845



FIRST COAST HEALTHCARE CONSULTANTS LLC
8745 HAMPSHIRE GLEN DR. S.
JACKSONVILLE FL 32256-9568

200009463742
12/11/02--01022--005 **155.00



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

Principal Place of Business

8745 HAMPSHIRE GLEN DR. S.
JACKSONVILLE FL 32256

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/13/2001

6. FEI Number

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

WILLIAMS, GRADY H JR.
1279 KINGSLEY AVENUE, SUITE 117
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 12-09-02

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
MGRM	JONES, TUDOR	8745 HAMPSHIRE GLEN DR. S.	JACKSONVILLE FL 32256
MGRM	COFFMAN, MARGARET	671 FREDERIC DRIVE	GREEN COVE SPRINGS FL 32043
MGRM	BEARSS, ROLLINET W	671 FREDERIC DRIVE	GREEN COVE SPRINGS FL 32043

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

Date 12-01-02 Daytime Phone # 904 264-7578

Typed or printed name of signing Managing Member/Manager

TUDOR JONES III