

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000007251

FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
JACKSONVILLE, FLORIDA

DOCUMENT # L01000007251

1. Limited Liability Company's Name

Neptune Beach Office Center, L.L.C.

600019732746
05/22/03--01013--005 **200.00

2. Principal Office Address

1201 Monument Rd.

3. Mailing Office Address

1201 Monument Rd.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32211

Country

USA

Zip

32211

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 05/08/2001

6. FEI Number

68-0499086

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

Glazier & Glazier, P.A.

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

8825 Perimeter Park Blvd.

Suite, Apt. #, Etc.

Suite 504

City

Jacksonville

State

FL

Zip Code

32216

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.

Glazier & Glazier, P.A. BY: Scott L. Glazier, Vice President

Signature of

Registered Agent

Scott L. Glazier

Date 1/16/03

REGISTERED AGENT MUST SIGN

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
Mgr	Alvaro F. Morrell	1201 Monument Rd., Suite 300	Jacksonville, FL 32211
Mgr	Dale A. Beardsley	4595 Lexington Ave., Suite 100	Jacksonville, FL 32210
Mgr.	John Ondrejicka, M.D.	1750 Selva Marina Dr.	Atlantic Beach, FL 32233
Mgr	Mark Messinese, M.D.	1795 Marshside Dr.	Jacksonville Beach, FL 32250

REINSTATEMENT
REINSTATEMENT

03.03

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

Alvaro F. Morrell

Date

1-16-2003

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

Alvaro F. Morrell

CR2E041 (10/02)