

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 30 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008224

1. Limited Liability Company's Name

Monticello Medical, L.L.C.

000011785990
02/04/03--01059--019 **200.00

2. Principal Office Address

1201 Monument Rd.

Suite, Apt. #, etc.

Suite 300

City & State

Jacksonville, FL

Zip

32211

Country

USA

3. Mailing Office Address

1201 Monument Rd.

Suite, Apt. #, etc.

Suite 300

City & State

Jacksonville, FL

Zip

32211

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/23/2001

6. FEI Number

59-3759323

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

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	Robert K. Irion	P.O. Box 40142	Jacksonville, FL 32203
Mgr	John Ondrejicka, M.D.	1750 Selva Marina Dr.	Atlantic Beach, FL 32233
Mgr	Oscar Rodas, M.D.	1201 Monument Rd., Suite 300	Jacksonville, FL 32211
Mgr	Dale A. Beardsley	4595 Lexington Ave., Suite 100	Jacksonville, FL 32210

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Alvaro F. Morrell

CR2E041 (10/02)