

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -1 AM 11:34

DOCUMENT # L01000011906

1. Limited Liability Company's Name

PHYSICIAN'S ADMINISTRATIVE SUPPORT SERVICES
HOLDING, LLC.

2. Principal Office Address

500 FAWN HILL PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 304

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

HARRIMAN, TN

Zip

32771

Country

USA

Zip

37748

Country

USA

4. State/Country of Formation

FLORIDA/ USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

59-3738912

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

ANNIE ROBERTS

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

606 CASA PARK COURT N

2000031603562

Suite, Apt. #, Etc.

04/01/04--01024--007

523.75

City

WINTER SPRINGS

State

FL

Zip Code

32708

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**

Annie Roberts

Date 04-01-04

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
MGRM	ADMINISTRATIVE SUPPORT SERVIC	500 FAWN HILL PLACE	SANAFORD, FL. 32771

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**

Sharon R Avidon

Date 3/31/04

Daytime Phone # 865-591-4877

Typed or printed name of signing Managing Member/Manager

SHARON R AVIDON

CP2E041 (10/02)