DOCUMENT # LO 1 0 0 00 1 2 3 \$ 2  Limited Liability Company's Name  KENNETH A. NET FELD, M.D., P.L.  Principal Office Address  1099 5 Th AVE NORTH  5. Date or To Do B  10 1 1 2 1 2 2 0  11 2 3 3 7 0 5	SECRETARY OF STATE VISION OF CORPORATIONS  A MAR 12 PM 2: 20  L 03/24/04  D0029071254 9/04-01015-001 **250.00  Intry of Formation LORIDA  Inized or Qualified spiness in Florida 7/26/2001
REINSTATEMENT  Secretary of State DIVISION OF CORPORATIONS  DOCUMENT # LOLOGO 12352 Limited Liability Company's Name  KENNETH A. NEI FELD, M.D., P.L.  Principal Office Address  DOG TO AND NORTH  LOLOGO 12352 Limited Liability Company's Name  KENNETH A. NEI FELD, M.D., P.L.  Principal Office Address  DOG TO AND NORTH  LOLOGO 12352 Limited Liability Company's Name  KENNETH A. NEI FELD, M.D., P.L.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Street Address of Current Registered Agent  Name  TAMES R. KENNEDY JR., ESQUIRE  Street Address (P.O. Box Number, is Not Acceptable)  Suite, Apt. #, Etc.  City S. T. PETERS BURG  Libeing appointed the registered agent of the above named limited liability company, am familiar with and accept the obling grature of egistered Agent  REGISTERED AGENT MASSIGN  O. Names and Street Addresses of Managing Members/Managers  Name of Managing Members/Managers	MAR 12 PM 2: 20  MO3/24/04
REINSTATEMENT  DIVISION OF CORPORATIONS  DOCUMENT # LOI 0000 12352 Limited Liability Company's Name  KENNETH A. NEI FELD, M.D., P.L.  Principal Office Address  Jog9 5th ANE NORTH  Sulte, Apt. #, etc.  REGISTERED AGENT MESSAGN  O. Names and Street Addresses of Managing Members/Managers  Name of  Managing Members/Managers  Name of  Managing Members/Managers  Meanaging Members/Managers	4 MAR 12 PM 2: 20  L 03/24/04  DDD29D71254 9/04-01015-001 **250.00  Intry of Formation LORIDA  Inized or Qualified siness in Florida 7/26/2001
DOCUMENT # LOTOCO 12352 Limited Liability Company's Name  KENNETH A. NETFELD, M.D., P.L.  Principal Office Address  1024  1029 5th AVE NORTH 1020	1 03/24/04  00029071254 9/04-01015001 **250.00  Intry of Formation ORIDA  Inized or Qualified siness in Florida 7/26/2001
RENNETH A. NEI FELD, M.D., P.L.  Principal Office Address  JO99 STA AVE NORTH 1099 STA AVE. NORTH  JUTE 220  Suite, Apt. #, etc.  SUITE 220  SU	00029071254 9/04-01015001 **250.00  ntry of Formation ORIDA  mized or Qualified 7/26/2001
3. Mailing Office Address  1099 5Th AVE NORTH 1099 5Th AVE NORTH 2016, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 220  Suite, Apt. #, etc. Suite 220  Suite, Apt. #, etc. Suite 37. PETERSBURG, FL  ST. PETERSBURG, FL  SUITE 33705  B. Name and Address of Current Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  SST. PETERSBURG  Street Address (P.O. Box Number is Not Acceptable)  SST. PETERSBURG  Street Address (P.O. Box Number is Not Acceptable)  REGISTERED AGENT MASSECON  Street Address of Each Managing Members/Managers  Titles  Managing Members/Managers  Street Address of Each Managing Members/Managers  MEALASTTH A. ASE (FECD)	ntry of Formation ORIDA inized or Qualified 7/26/2001
3. Mailing Office Address  1099 5Th AVE NORTH 1099 5Th AVE NORTH 2016, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 220  Suite, Apt. #, etc. Suite 220  Suite, Apt. #, etc. Suite 37. PETERSBURG, FL  ST. PETERSBURG, FL  SUITE 33705  B. Name and Address of Current Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  SST. PETERSBURG  Street Address (P.O. Box Number is Not Acceptable)  SST. PETERSBURG  Street Address (P.O. Box Number is Not Acceptable)  REGISTERED AGENT MASSECON  Street Address of Each Managing Members/Managers  Titles  Managing Members/Managers  Street Address of Each Managing Members/Managers  MEALASTTH A. ASE (FECD)	ntry of Formation ORIDA inized or Qualified 7/26/2001
Suite, Apt. #, etc.  City S T. PETERSBURG  Suite, Apt. #, etc.  City S T. PETERSBURG  I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the oblingnature of egistered Agent  REGISTERED AGENT MASSIGN  O. Names and Street Addresses of Managing Members/Managers  Name of Managing Members/Managers	LORIDA  unized or Qualified siness in Florida 7/26/2001
Titles  City & State  Country  Zip  Country  Zip  Country  Tourier Registered Agent  Name  And Shame and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City S. T. PETERSBURG  I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obliganture of egistered Agent  REGISTERED AGENT MUSCHCIN  Name of Managing Members/Managers	siness in Florida 7/26/2001
ST. PETERS BURG, FL.  ST. PETERS BURG, FL.  ST. PETERS BURG, FL.  Street Street Address of Current Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City S. T. PETERS BURG  City S. T. PETERS BURG  REGISTERED AGENT MASS AGENT  REGISTERED AGENT MASS AGENT  Name of  Managing Members/Managers	erApplied For
8. Name and Address of Current Registered Agent  Name  JAMES R. KENUEDY, JR., ESQUIRE  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City ST. PETERSBURG  1. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the oblining street Address of Managing Members/Managers  Name of Managing Members/Managers	7-3733396 Not Applicable
Name    Street Address (P.O. Box Number is Not Acceptable)   SUITE   AUF.   DORTH	E OF STATUS DESIRED S5.00 Additional Fee requir
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City S.T. PETERSBURG  It, being appointed the registered agent of the above named limited liability company, am familiar with and accept the oblining street Agent  REGISTERED AGENT MASSINGN  O. Names and Street Addresses of Managing Members/Managers  Name of Managing Members/Managers	
Suite, Apt. #, Etc.  City S. T. PETERSBURG  1. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the oblining signature of REGISTERED AGENT MASSIGN  10. Names and Street Addresses of Managing Members/Managers  Name of Managing Members/Managers	
It being appointed the registered agent of the above named limited liability company, am familiar with and accept the oblining company.  REGISTERED AGENT MISSISSION  REGISTERED AGENT MISSISSION  IC. Names and Street Addresses of Managing Members/Managers  Name of Managing Members/Managers	
REGISTERED AGENT MUSTICAN  Street Address of Each Managing Members/Managers  Name of Managing Members/Managers  Name of Managing Members/Managers  Name of Managing Members/Manager	State Zip Code FL 33701
REGISTERED AGENT MISSISTERN  Street Address of Each Managing Members/Managers  Name of Managing Members/Managers  Name of Managing Members/Managers  Name of Managing Members/Managers  Name of Managing Members/Manager	1 1
Titles Names and Street Addresses of Managing Members/Managers  Name of Street Address of Each Managing Members/Managers  Managing Members/Managers  Managing Members/Manager	Date 2/11/04
Managing Members/Managers Managing Member/Manager	
MGRM MENDETH M.D. 1099 5th AVE. WORTH	City / State / Zip
	2002,
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as prov	2002, 2003, 2004
filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisal fees owed by the limited liability company have been paid. The information indicated on this application is true and accasi if made under oath.	ed for in chapter 608, F.S. I further certify that when
Signature of Manager Date 2/11/04  Typed or printed name of signing Managing Member/Manager KENNETH A. NEIFELD	es the requirements of section buo.4Ub. F.S., and that