

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000013168

FILED

02 OCT 30 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013168

Name and Mailing Address

0002364 01 FP 0.352 **PRSR T8 0 0615 33154-311833



FORD THERAPEUTIC SERVICES, LLC
9133 COLLINS AVE., #2H
SURFSIDE FL 33154-3118



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business 9133 COLLINS AVE., #2H SURFSIDE FL 33154 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/06/2001	
6. FEI Number 65-1150827		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent SUSAN FORD HAMMAKER 9133 COLLINS AVE., #2H SURFSIDE FL 33154		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 SUSAN FORD HAMMAKER Date 10/25/02 REGISTERED AGENT MUST SIGN			
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
MGR	SUSAN FORD HAMMAKER	9133 COLLINS AVE., #2H	SURFSIDE FL 33154
000008643710 10/29/02--01025--027 **150.00 09-11-2002 90061 030 ****50.00 04-17-2002 90028 038 ****50.00 REINSTATEMENT 2002			

CR2E084 (8/02)

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 10/25/02 Daytime Phone # 305-864-0072

Typed or printed name of signing Managing Member/Manager SUSAN FORD HAMMAKER