

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002 LLC APPLICATION FOR REINSTATEMENT UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013774

Name and Mailing Address

0003182 01 FP 0.352 **PRSR TO 0 0615 33308-715301



GLOBAL MEDICAL MANAGEMENT SERVICES, LLC
3200 N. OCEAN BLVD., #401
FORT LAUDERDALE FL 33308-7153



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3200 N. OCEAN BLVD., #401 FORT LAUDERDALE FL 33308		5. Date Organized or Qualified To Do Business in Florida 08/14/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1130007 Applied For Not Applicable	
8. Name and Address of Current Registered Agent BELENKY, LEON 3200 N. OCEAN BLVD., #401 FORT LAUDERDALE FL 33308		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 300009054603 11/18/02--01098--007 FL *# 120600			
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 <i>[Signature]</i> Date 11/14/02 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
P	LEON BELENKY	3200 N. OCEAN BLVD #401 FORT LAUDERDALE FL. 33308	

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

[Signature]

Date 11/14/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

TEL: (718) 377-5439

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FILED
FAX (718) 377-6099

Eisner Associates, Ltd.
ACCOUNTING & TAX SERVICES
3512 FLATLANDS AVENUE
BROOKLYN, NEW YORK 11234

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 5, 2002

Florida Department of State
Division of Corporations
Annual Report Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

RE: Global Medical Management Services, LLC
Document # L01000013774

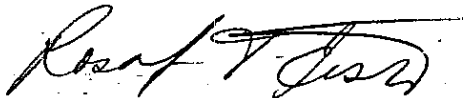
Dear Sirs:

We are in receipt of the enclosed application for reinstatement for the above named corporation. Please be advised that the corporation never received the previous uniform business report and therefore did not submit it by the original due date. Since the actual report must be filed with the payment we could not pay the fee timely.

According to the information we received from your office when we called today, we were advised to complete the attached reinstatement application along with the amount of the original fee of \$150.00. All other fees should be waived according to your provisions.

Kindly process the payment and the application and in future years please mail us the uniform business report before the due date. Thank you for your cooperation in this matter.

Very truly yours,



Eisner Associates

RTE:lf