

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
DIVISION OF CORPORATIONS
05 DEC -1 AM 10:35

DOCUMENT # L01000016000

1. Limited Liability Company's Name

America's Health Choice of Central Boca, LLC

2. Principal Office Address

1175 S. U.S. Hwy. 1

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32962

Country

U.S.

3. Mailing Office Address

1175 S. U.S. Hwy. 1

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32962

Country

U.S.

4. State/Country of Formation

Florida

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

9/18/2001

6. FEI Number

59-3745865

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

Gregory J. Blodig

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

100 W. Cypress Creek Road

Suite, Apt. #, Etc.

Suite 700

City

Ft. Lauderdale

State

FL

Zip Code

33309

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 6/28/05

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
M	Janke, Walter	1175 S. U.S. Hwy. 1	Vero Beach, FL 32962
M	Janke, Lalita	1175 S. U.S. Hwy. 1	Vero Beach, FL 32962

REINSTATEMENT 03-05

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

[Signature]

Date 11-15-05

Daytime Phone # 772-794-0030

Typed or printed name of signing Managing Member/Manager

Walter H. Janke, MID

CR2E041 (10/02)