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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Gaming Enforcement
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 29 AM 10:38
WR 1/7/04

1. DOCUMENT # L01000016279

Name and Mailing Address

0001645 01 AT 0.292 **AUTO T8 0 0615 32210-541924
WESTSIDE CLINIC, P.L.
4124 BLANDING BLVD.
JACKSONVILLE FL 32210-5419



REINSTATEMENT 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4124 BLANDING BLVD. JACKSONVILLE FL 32210		5. Date Organized or Qualified To Do Business in Florida 09/20/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3745583 Applied For Not Applicable	
8. Name and Address of Current Registered Agent FLYNN, RICHARD J M.D. 4124 BLANDING BLVD. JACKSONVILLE FL 32210		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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 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

Richard J Flynn
REGISTERED AGENT MUST SIGN

Date 12/21/03

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
MGRM	GOUGH, DAVID	4124 BLANDING BLVD.	JACKSONVILLE FL 32210
MGRM	FLYNN, RICHARD J	4124 BLANDING BLVD.	JACKSONVILLE FL 32210
2003 000025819810 12/29/03--01058--018 **155.00			
REINSTATEMENT			

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

Richard J Flynn

Date 12/21/03

Daytime Phone # (904) 861-3627

Typed or printed name of signing Managing Member/Manager

Richard Flynn MD

CR2E034 (7/03)