

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

LO1000016518

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 16 PM 2:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **LO1000016518**

1. Limited Liability Company's Name

MANASOTA MEDICAL ASSOCIATES, L.L.C.

MJM

700010156207
01/16/03--01044--001 **200.00

1/16 2002-2003

2. Principal Office Address

2800 S. TAMAIMI TRAIL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

Zip

34239

Country

U.S.A.

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

09/25/2001

6. FEI Number

600001577

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

KENNETH D. CHAPMAN, JR.

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

2501 63RD AVENUE EAST

Suite, Apt. #, Etc.

100

City

BRADENTON

State
FL

Zip Code
34203

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

REGISTERED AGENT MUST SIGN

Date 01/09/2003

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
MGRM	BART PRICE	1310 HILLVIEW DRIVE	SARASOTA, FL 34239

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

Date 01/09/2003

Daytime Phone# 941-365-7771

Typed or printed name of signing Managing Member/Manager **BART PRICE**

CR2E041 (10/02)