

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

7090

03 FEB -4 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017090

Name and Mailing Address

0004943 01 FP 0.352 **FRSRT T5 0 0615 33613-520003
GERIATRIC ONCOLOGY CONSORTIUM, LLC
16603 VILLALENDA DE AVILA
TAMPA FL 33613-5200

100009640551
12/23/02--01064--008 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

16603 VILLALENDA DE AVILA
TAMPA FL 33613

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/05/2001

6. FEI Number

03-0456607

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

HARRIS, CHARLES M JR.
101 EAST KENNEDY BLVD., STE. 2700
TAMPA FL 33601

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

REGISTERED AGENT MUST SIGN

Date 12/2/02

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
Mr.	Jody Simon (MGRM)	16603 VILLALENDA DE AVILA	TAMPA, FL 33613
Mr.	BRIAN TAFF (MGR)	1700 WISCONSIN AVE	WASHINGTON, DC 20007

100009640551
02/04/03--01091--001 **50.00

REINSTATEMENT

2002-2003

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

11/26/02

Daytime Phone #

813-789-5400