

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

2 NOV 14 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT
L01000020530
FLORIDA DEPARTMENT OF STATE
OFFICE OF CORPORATIONS

1. DOCUMENT # L01000020530

Name and Mailing Address

0005379 01 FP 0.352 **PRSRT T6 D 0615 33777-316542
ALEXANDER MEDICAL GROUP, LLC
9442 SILVERTHORN ROAD
LARGO FL 33777-3165

REINSTATEMENT 2002



2. New Mailing Address 7500 BRYAN DAIRY RD. SUITE B LARGO, FL 33777		4. State/Country of Formation FL	
Principal Place of Business 9442 SILVERTHORN ROAD LARGO FL 33777		5. Date Organized or Qualified To Do Business in Florida 11/28/2001	
3. New Principal Place of Business Address 7500 BRYAN DAIRY RD SUITE B LARGO, FL 33777		6. FEI Number 16-1626040	
8. Name and Address of Current Registered Agent ALEXANDER, VLADIMIR A 9442 SILVERTHORN ROAD LARGO FL 33777		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 VLADIMIR A. ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 7500 BRYAN DAIRY RD., SUITE B City LARGO FL Zip Code 33777	
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 Date 10/22/12 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
MGRM	ALEXANDER, VLADIMIR A	9442 SILVERTHORN ROAD	LARGO FL 33777

800008643248
10/29/12-01025-003 **155.00

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 10/22/12 Daytime Phone # (777) 547-4700

Typed or printed name of signing Managing Member/Manager VLADIMIR A. ALEXANDER M.D.

CR2E084 (8/02)