

L01000020675

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 17 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020675

1. Limited Liability Company's Name

I M WELL CENTERS, LLC.

2. Principal Office Address

202 SW 17th Street

Suite, Apt. #, etc.

3. Mailing Office Address

107 NE 1st Ave

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34474

Country

USA

City & State

Ocala, FL

Zip

34470

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

01-0557330

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

Paul W. Franck

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

202 SW 17th Street

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code

34474

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

Paul W. Franck

REGISTERED AGENT MUST SIGN

Date

9/12/2003

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	Paul W. Franck	2324 SE 15th Street	Ocala, FL 34471
MGR	Cesar A. Euribe, M.D.	2419 SE 22nd Place	Ocala, FL 34471

REINSTATEMENT 02-03
CR AUS

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

Paul W. Franck

Date

9/12/2003

Daytime Phone # (352) 622-4148

Typed or printed name of signing Managing Member/Manager

Paul W. Franck

CR2E041 (10/02)