

L01000021179

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03 JUL -7 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000021179

1. Limited Liability Company's Name

Center for Surgery & Digestive Disorders, LLC.

2. Principal Office Address

3663 South Miami Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

Partners, Inc.  
c/o Global Surgical

Suite, Apt. #, etc.

3059 Grand Avenue Suite 300

City & State

Miami, FL

Zip

33133

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

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

Lewis W. Fishman

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

9130 South Dadeland Boulevard

Suite, Apt. #, Etc.

Suite 1121

City

Miami

State

FL

Zip Code

33156

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

7/3/03

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
MGR	Pedro J. Greer, Jr., M.D.	3661 S. Miami Avenue Suite 805	Miami, FL 33133
MGR	Cristobal Viera, M.D.	3661 S. Miami Ave. Suite 202	Miami, FL 33133
MGR	Jorge Echenique, M.D.	2931 Coral Way	Miami, FL 33145
MGR	Wilfredo Amaya, M.D.	3661 S. Miami Ave. Suite 501	Miami, FL 33133
MGR	Virgil F. Sklar, M.D.	3659 S. Miami Ave. Suite 403	Miami, FL 33133
- See Attached--			

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 6-20-03

Daytime Phone #

305-856-7333

Typed or printed name of signing Managing Member/Manager

CR2004 (9/01)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR Manuel P. Anton, M.D.  
Mercy Hospital  
3663 South Miami Avenue  
Miami, FL 33133

MGR Sister Elizabeth Worley  
Chairperson of the Board  
Mercy Hospital  
3663 South Miami Avenue  
Miami, FL 33133

MGR Claudia DiStrito, Sr. VP of  
Nursing and Patient Services  
Mercy Hospital  
3663 South Miami Avenue  
Miami, FL 33133

MGR Jerry Mashburn, CFO  
Mercy Hospital  
3663 South Miami Avenue  
Miami, FL 33133

MGR John Matuska, President and C.E.O.  
Mercy Hospital  
3663 South Miami Avenue  
Miami, FL 33133



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**FLORIDA DEPARTMENT OF STATE**

Glenda E. Hood  
Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 7, 2003

CORPDIRECT AGENTS

**PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.**

**SUBJECT: CENTER FOR SURGERY & DIGESTIVE DISORDERS, L.L.C.**  
Ref. Number: L01000021179

We have received your document for CENTER FOR SURGERY & DIGESTIVE DISORDERS, L.L.C. and check(s) totaling \$80.00. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$200.00.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 303A00040112