PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FLORIDA DEPARTMENT OF STATE

L01000021968

DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021968

Name and Mailing Address

0009249 01 FP 0.352 **PRSRT HI 0 0615 32210-832325

DANIEL B. NUNN, M.D., L.L.C.
5125 YACHT CLUB ROAD
JACKSONVILLE FL 32210-8323

2. New Mailing Address		4. State/Country of Formation
		FL
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/18/2001

Principal Place of Business	3. New Principal Place of Business Address	6. FEI Number	✓ Applied For
5125 YACHT CLUB ROAD JACKSONVILLE FL 32210	City, State, Zip		Not Applicable
		7. CERTIFICATE OF STATUS DESIRED ☐	$5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NUNN, DANIEL B 5125 YACHT CLUB ROAD JACKSONVILLE FL 32210	Name
	Street Address (P.O. Box Number is Not Acceptable)
	800008799678 11/05/02--01025--005 **150.00
	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 _Daniel B. Nunn, M.D.,_   REGISTERED AGENT MUST SIGN   Date _10-23-02_

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
MGR	NUNN, DANIEL B	5125 YACHT CLUB ROAD	JACKSONVILLE FL 32210
		REINSTATEMENT	

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 _Daniel B. Nunn, M.D._   Date _10-23-02_   Daytime Phone # _904-384-0176_

Typed or printed name of signing Managing Member/Manager