

L02000001479

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 OCT 10 10 32 11
10/09/03 01050 019
03 OCT -9 AM 11:00
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10/09/03 01050 020 #4310.00

DOCUMENT #

L02000001479

1. Limited Liability Company's Name

MEDSOUTH THERAPY ASSOCIATES, LLC

REINSTATEMENT 2003

2. Principal Office Address

5831 BEE RIDGE ROAD

Suite, Apt. #, etc.

SUITE 200

City & State

SARASOTA, FL

Zip

34233

Country

USA

3. Mailing Office Address

5831 BEE RIDGE ROAD

Suite, Apt. #, etc.

SUITE 200

City & State

SARASOTA, FL

Zip

34233

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

1/22/02

6. FEI Number

02-0528753

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

Douglas C. Dow

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

8220 112 STR

Suite, Apt. #, Etc.

APT 102

City

SEMINOLE

State

FL

Zip Code

33772

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/7/03

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
MMBR	Douglas C. Dow	8220 112 STR, APT 102	SEMINOLE, FL 33772
MBR	Thomas M. Chadwick	58 BALSAM ACRES	NEW LONDON, NH 03257
MBR	ERIC B. DOLE	6 PROSPECT STR, W	W. LEBANON, NH 03784
MBR	BURTON A. DOLE, JR.	15835 PUMA VALLEY DR.	PUMA VALLEY, CA 92061
	REINSTATEMENT 2003		10/09/03 01050 019
			100023667391

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

[Signature]

Date

10/7/03

Daytime Phone #

603-491-2697

Typed or printed name of signing Managing Member/Manager

Douglas C. Dow

CR2E041 (10/02)