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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 NOV 12 PM 3:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Check for $150

1. DOCUMENT # L02000001787

Name and Mailing Address

0003066 01 AT 0.292 **AUTO T4 0 0615 32765-799630

AMSURG DEVELOPMENT AND OPERATION LLC
5530 LIGUSTRUM LOOP
OVIEDO FL 32765-7996

CR2E084 (7/03)

2. New Mailing Address: 101 Woodstream Court
City, State, Zip: Maitland FL 32751

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 01/24/2002

Principal Place of Business: ~~5530 LIGUSTRUM LOOP OVIEDO FL 32765~~

3. New Principal Place of Business Address: 101 Woodstream Ct.
City, State, Zip: Maitland FL 32751

6. FEI Number: 04-3622531 ☐ 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

~~DINGMAN, LINDA~~
~~5530 LIGUSTRUM LOOP~~
~~OVIEDO FL 32765~~

101 Woodstream Ct.
Maitland, FL
32751

9. Name and Address of New Registered Agent

Name

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

200024011152
10/22/03--01058--004 **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: Linda S. Dingman SIGNATURE REQUIRED Date: 10/20/03
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 President/ Owner	Linda S. Dingman	101 Woodstream Ct.	Maitland, FL 32765

REINSTATEMENT 2003

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: Linda S. Dingman Date: 10/20/03 Daytime Phone # 321-377-1073

Typed or printed name of signing Managing Member/Manager