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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000009754

1. Limited Liability Company's Name
Vaughn Emergency Physicians, LLC

2. Principal Office Address		3. Mailing Office Address	
3107 Stirling Road		3107 Stirling Road	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101	
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida	
Zip 33312	Country USA	Zip 33312	Country USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: April 24, 2002
6. FEI Number: 03-0427721 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: Jeffrey Schillinger
Street Address (P.O. Box Number is Not Acceptable): 3107 Stirling Road
Suite, Apt. #, Etc.: Suite 101
City: Fort Lauderdale | State: FL | Zip Code: 33312

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: Jeffrey Schillinger (REGISTERED AGENT MUST SIGN) Date: April 14, 2004

CR2E041 (10/02)

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	EDCare Management, Inc.	3107 Stirling Road, Suite 101	Fort Lauderdale, Florida 33312
	By: Jeffrey Schillinger, President		

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 608.508, 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: Jeffrey Schillinger Date: 04/14/2004 Daytime Phone #: (954) 981-6363

Typed or printed name of signing Managing Member/Manager: Jeffrey Schillinger, President of EDCare Management, Inc., Managing Member

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

VAUGHN EMERGENCY PHYSICIANS, LLC

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