

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY -5 PM 4:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000013203

1. Limited Liability Company's Name

SpectraCare Medical Center LLC

2. Principal Office Address

4750 N. Federal Hwy

Suite, Apt. #, etc.

Suite #100

City & State

Ft. Lauderdale, Fla.

Zip

33308

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

5/30/02

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

Magda Sedra

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

4750 N. Federal Highway

Suite, Apt. #, Etc.

Suite #100

City

Ft. Lauderdale

State

FL

Zip Code

33308

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 4/30/02

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
MGR	Magda Sedra	4750 N. Federal Hwy #100	Ft. Lauderdale, Fl 33308
MGR	Michael Sedra	4750 N. Fed. Hwy #100	Ft. Lauderdale, Fl 33308

REINSTATEMENT 2003-04

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 4/30/04 Daytime Phone # (954) 772-5431

Typed or printed name of signing Managing Member/Manager Magda Sedra

CR2E041 (10/02)