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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**L02000013890**

04 FEB 13 AM 8:25  
L02/25/04

1. DOCUMENT # L02000013890  
Name and Mailing Address

0005076 01 AT 0.292 \*\*AUTO T1 0 0615 33040-802599  
PHYSICIANS COMMUNITY SERVICE COMPANY LLC  
3158 NORTHSIDE DRIVE  
KEY WEST FL 33040-8025



**REINSTATEMENT**  
2003-2004

2. New Mailing Address <b>3412 DUCK AVE.</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>KEY WEST, FL 33040</b>		5. Date Organized or Qualified To Do Business in Florida <b>06/05/2002</b>	
Principal Place of Business <b>3158 NORTHSIDE DRIVE KEY WEST FL 33040</b>	3. New Principal Place of Business Address <b>3412 DUCK AVE.</b> City, State, Zip <b>KEY WEST, FL 33040</b>	6. FEI Number <b>52-2367101</b>	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent <b>HIGHSMITH, ROBERT E ESQ FELDMAN KOENIG &amp; HIGHSMITH, P.A. 3158 NORTHSIDE DRIVE KEY WEST FL 33040</b>		9. Name and Address of New Registered Agent Name <b>ELIAS J. GERTH</b> Street Address (P.O. Box Number is Not Acceptable) <b>3412 DUCK AVE.</b> City <b>KEY WEST</b> State <b>FL</b> Zip Code <b>33040</b>	
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 <b>SIGNATURE REQUIRED</b> Date <b>2/10/04</b> 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
<b>MGR</b>	<b>GERTH, ELIAS J</b>	<b>3158 NORTHSIDE DRIVE</b>	<b>KEY WEST FL 33040</b>
		<b>000028732630</b> <b>02/13/04--01034--018 **200.00</b>	

**REINSTATEMENT**  
2003-2004

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 **SIGNATURE REQUIRED** Date **2/10/04** Daytime Phone # **(305) 2950640**

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)