

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glen... Hood Sec... y... SIC OF CO... OR... ON
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FILED

03 OCT 24 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000015453

Name and Mailing Address

0002567 01 AT 0.292 \*\*AUTO T1 0 0615 32563-355791



JOCELYN E. LEVEQUE, M.D., P.L.

1391 PLAYERS CLUB COURT

GULF BREEZE FL 32563-3557



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/20/2002	
Principal Place of Business 1391 PLAYERS CLUB COURT GULF BREEZE FL 32563	3. New Principal Place of Business Address 801 W. Avery Street City, State, Zip Pensacola, FL 32501	6. FEI Number	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent LEVEQUE, JOCELYN E M.D. 1391 PLAYERS CLUB COURT GULF BREEZE FL 32563	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  **SIGNATURE REQUIRED** Date 10-21-03  
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	LEVEQUE, JOCELYN E M.D.	1391 PLAYERS CLUB COURT	GULF BREEZE FL 32563

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10/21/03 01072 013 \*\*150.00

**REINSTATEMENT** 03

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 10-21-03 Daytime Phone # (850) 437-5733

Typed or printed name of signing Managing Member/Manager Jocelyn E Leveque MD