

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 MAY -2 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000017447**

1. Limited Liability Company's Name

South Dade OB-64M, LLC

2. Principal Office Address

8950 N. Kendall Dr.

Suite, Apt. #, etc.

302

City & State

Miami FL

Zip

33176

Country

U.S.A.

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

Yes

6. FEI Number

01-1419350

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

Jose I. Iparraquirre MD

700054916457

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

8950 N. Kendall Dr # 302

Suite, Apt. #, Etc.

Miami FL

City

FL

State

FL

Zip Code

33176

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

4-26-05

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
Manager	Spencer Kellogg MD	8950 N. Kendall Dr #302	Mia, FL 33176
"	Larry Spiegelman MD	"	"
"	Robert Safinski MD	"	"
"	Antonio Menzen M	"	"
		REINSTATEMENT	03-05

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

4/26/05

Daytime Phone #

305-595-4070

+229

Typed or printed name of signing Managing Member/Manager

Jose Iparraquirre MD

CR20041 (10/02)