

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000018966

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000018966**

1. Limited Liability Company's Name

Community Medical Network, LLC

9/26/03

600025389605
12/10/03--01044--006 **150.00

2. Principal Office Address

2801 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 1060

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

2801 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 1060

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

7/26/02

6. FEI Number

16-1683145

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

ENRIQUE ACEVEDO

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

9930 BIRD ROAD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

ENRIQUE ACEVEDO MD

Date

REGISTERED AGENT MUST SIGN

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	ENRIQUE ACEVEDO	9930 BIRD ROAD	MIAMI, FL 33165

REINSTATEMENT 2003

PK

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

ENRIQUE ACEVEDO MD

Date

11/10/03

Daytime Phone #

305-448-6241

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)