

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:28

1. DOCUMENT # L02000021074
Name and Mailing Address

0013987 01 AT 0.292 **AUTO T110 0615 33908-361881
PEDIATRIC CRITICAL CARE SERVICES, LLC
9981 SOUTH HEALTHPARK DRIVE
FORT MYERS FL 33908-3618



CR2E084 (7/03)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 9981 SOUTH HEALTHPARK DRIVE FORT MYERS FL 33908		5. Date Organized or Qualified To Do Business in Florida 08/16/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 51-0423794	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 KYLE, KEVIN A 1520 ROYAL PALM SQUARE BOULEVARD SUITE 320 FORT MYERS FL 33919		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] **SIGNATURE REQUIRED** Date 10/30/03
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
MGR	Mike Ellis	9981 S. Healthpark Drive	Fort Myers, FL 33908

300024566523
11/10/03--01074--008--**150.00

REINSTATEMENT 03
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12. I certify that I am managing member/manager or the registered agent 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] **SIGNATURE REQUIRED** Date 10/30/03 Daytime Phone # (239) 432-3237
Typed or printed name of signing Managing Member/Manager