

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 MAY 24 PM 4:53

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000021649

1. Limited Liability Company's Name

SOUTH FLORIDA PHYSICIANS NETWORK, LLC

500035442985
05/05/04--01016--022 **150.00

2. Principal Office Address

2695 LEJEUNE ROAD

3. Mailing Office Address

2695 LEJEUNE ROAD

Suite, Apt. #, etc.

3RD FLOOR

Suite, Apt. #, etc.

3RD FLOOR

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **8/22/2002**

6. FEI Number

320032195

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

PEREZ, MARTINIANO J

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

12224 SW 101 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-28-04

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
MGR	PEREZ, MARTINIANO J	12224 SW 101 TERR	MIAMI, FL 33186

REINSTATEMENT 2003-04

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

[Signature]

Date

4-28-04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2ED41 (10/02)