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1 of 3

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2003

DOCUMENT #

1. Limited Liability Company's Name

Nations Health Supply, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
13650 NW 8th St.		13650 NW 8th ST	
Suite, Apt. #, etc. Suite 109		Suite, Apt. #, etc. Suite 109	
City & State Sunrise FL		City & State Sunrise FL	
Zip 33325	Country USA	Zip 33325	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/21/2002

6. FEI Number: 13-4216686 | Applied For | Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Robert Gregg

Street Address (P.O. Box Number is Not Acceptable): 13650 NW 8th street

Suite, Apt. #, Etc.: #109

City: Sunrise State: FL Zip Code: 33325

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] Date: 10/30/03

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	Robert Gregg	13650 N.W. 8th St	Sunrise, FL 33325
MGRM	Glenn M. Parker, M.D.	13650 N.W. 8th St.	Sunrise, FL 33325
MGRM	Lewis P. Stone	13650 N.W. 8th St.	Sunrise, FL 33325

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: 10/30/03 Daytime Phone#: 954-903-5000

Typed or printed name of signing Managing Member/Manager: Robert Gregg

CR2E041 (10/02)

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PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 31, 2003

NATIONSHEALTH SUPPLY, L.L.C.
2500 WESTON ROAD, SUITE 401
WESTON, FL 33331

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

SUBJECT: NATIONSHEALTH SUPPLY, L.L.C.
REF: L02000027860

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

FAX Aud. #: H03000307801
Letter Number: 903A00059474

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

2003

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

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