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Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

KINGS HIGHWAY MEDICAL GROUP, L.C.

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
KINGS HIGHWAY MEDICAL GROUP, L.C.

2. Principal Office Address	3. Mailing Office Address
P.O. BOX 510065	P.O. BOX 510065
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PUNTA GORDA, FL	City & State: PUNTA GORDA, FL
Zip: 33951 Country: USA	Zip: 33951 Country: USA

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 11/18/2002
6. FEI Number: 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: GARY A. KAHLE, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable): 99 NESBIT STREET
Suite, Apt. #, Etc.:
City: PUNTA GORDA State: FL Zip Code: 33950

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: _____ Date: 8/30/04
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HERNANDEZ, MANUEL M.D.	3582 TRIPOLY BLVD.	PUNTA GORDA, FL 33950
MGR	MAAS, MARIA CELINA TRUSTEE	1775 CITRON STREET	CHARLOTTE HARBOR, FL 33980
MGR	MENA, ROSA M.D.	275 FRY TERRACE SE	PORT CHARLOTTE, FL 33952
MGR	GIL, RAMON M.D.	197 ROSELLE CT	PORT CHARLOTTE, FL 33952

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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 608.408, 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: 8/30/2004 Daytime Phone #: 286-5536

Typed or printed name of signing Managing Member/Manager: MANUEL HERNANDEZ, M.D.

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