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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Gloria E. ...
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

03 NOV 24 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000033041

Name and Mailing Address

0002687 01 AT 0.292 **AUTO T3 0 0615 32703-496054

PEDIATRIC URGENT CARE OF CENTRAL FLORIDA, LLC

554 HUNT CLUB BLVD

APOPKA FL 32703-4960

REINSTATEMENT



2. New Mailing Address 425 S. HUNT CLUB BLVD.		4. State/Country of Formation FL	
City, State, Zip (same)		5. Date Organized or Qualified To Do Business in Florida 12/10/2002	
Principal Place of Business 425 554 HUNT CLUB BLVD APOPKA FL 32703	3. New Principal Place of Business Address 425 S. HUNT CLUB BLVD.	6. FEI Number 03-0796546	Applied For Not Applicable
City, State, Zip (same)		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 W & P SERVICES, INC. 1936 LEE ROAD, SUITE 101 WINTER PARK FL 32789		9. Name and Address of New Registered Agent Name Keith H. LeFevre, Esq. Street Address (P.O. Box Number is Not Acceptable) 157 E. LAKE BRANTLEY DR. City LONGWOOD FL Zip Code 32779	
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 Keith H. LeFevre SIGNATURE REQUIRED Date 11-18-2003 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	CHABAN, CARLOS M.D.	554 HUNT CLUB BLVD 425 S.	APOPKA FL 32703
		000024979150 11/24/03--01079--014 **150.00	
		JP	
12. 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 REQUIRED		Date 11/18/03	Daytime Phone # 10:10A-1
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)