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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

2004 FEB 25 PM 2:22

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000033759

Name and Mailing Address

0012534 01 AT 0.292 **AUTO T6 0 0615 33458-303030



JUPITER MEDICAL ASSOCIATION, LLC
550 HERITAGE DRIVE
SUITE 105
JUPITER FL 33458-3030



2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/16/2002	
Principal Place of Business 550 HERITAGE DRIVE SUITE 105 JUPITER FL 33431	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 16-1645789	Applied For Not Applicable
8. Name and Address of Current Registered Agent MENKHAUS, DAVID J 2424 NORTH FEDERAL HWY SUITE 456 BOCA RATON FL 33431		9. Name and Address of New Registered Agent Name Street Address City FL Zip	
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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date 10-29-03			
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)	President Ricardo A. Bedoya MD	550 Heritage Dr. Ste 105	Jupiter, FL 33458
(MGR)	Treasurer Gary Kabinoff MD	550 Heritage Dr. Ste 105	Jupiter, FL 33458
		400024379094 02/25/04--01016--021 **200.00	
		400024379094 11/03/03--01058--008 **150.00	
REINSTATEMENT 2003-2004			

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]* Date 10-29-03 Daytime Phone # 561-630-0303

Typed or printed name of signing Managing Member/Manager Lori Bedoya