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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

2003-UBR  
APPLICATION  
DEINSTATEMENT  
FLORIDA  
DIVISION OF CORPORATIONS  
L02000034281

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 27 AM 10:59

1. DOCUMENT # L02000034281

Name and Mailing Address

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COATES-CLARK ORTHOPEDIC SURGERY & SPORTS MEDICINE CENTER,  
LLC  
611 ZEAGLER DRIVE  
PALATKA FL 32177-3810



2. New Mailing Address P.O. Box 8037 City, State, Zip Palatka FL 32178		4. State/Country of Formation FL	
Principal Place of Business 611 ZEAGLER DRIVE PALATKA FL 32177		5. Date Organized or Qualified To Do Business in Florida 12/19/2002	
3. New Principal Place of Business Address 6500 Crill Avenue City, State, Zip Palatka, FL 32177		6. FEI Number 42-1563413 Applied For Not Applicable	
8. Name and Address of Current Registered Agent BIVENS, BURNEY ESQ. 1543 KINGSLEY AVE. SUITE 18-B ORANGE PARK FL 32073		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 6000 24282456 10/30/03--01017--036 **\$50.00 City FL Zip Code			
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 <b>SIGNATURE REQUIRED</b> Date 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
MGRM	COATES-CLARK, CAMILLE	611 ZEAGLER DRIVE 6500 Crill Ave. P.O. Box 8037 (mailing) Palatka FL 32178 (address)	PALATKA FL 32177

**REINSTATEMENT 03 GA**

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 **CAMILLE CLARK** Date **10-23-03** Daytime Phone # **386-328-2330**

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)

282

**COATES-CLARK ORTHOPEDIC SURGERY  
& SPORTS MEDICINE CENTER, LLC  
P.O. BOX 8037  
PALATKA, FL 32178  
(386) 328-8330**

October 23, 2003

Attention: Gretchen Harvey

This letter is in regards to our conversation today. As stated, I have not received any prior notice for reinstatement of the L.L.C. My correct mailing and physical address are as follows:

Mailing: PO Box 8037  
Palatka, FL 32178

Physical: 6500 Crill Avenue  
Palatka, FL 32177

Your assistance in resolving this matter is greatly appreciated.

Sincerely,

  
Camille Coates-Clark M.D.