

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 NOV 19 AM 8:53

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000034672

1. Limited Liability Company's Name

U.S. BARIATRIC, LLC

2. Principal Office Address

4800 NE 20TH TERRACE

Suite, Apt. #, etc.

303

City & State

FORT LAUDERDALE

Zip

33308

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

12/24/2002

6. FEI Number

06-1667084

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

ADAMO, TONY

Street Address (P.O. Box Number is Not Acceptable)

4800 NE 20TH TERRACE 200024854 RD2 11/19/03--01043--001 \*\*150.10

Suite, Apt. #, Etc.

303

City

FORT LAUDERDALE

State

FL

Zip Code

33308

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

*Tony Adamo*

REGISTERED AGENT MUST SIGN

Date 11/18/03

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
MGR	ROBERT T. MAREMA, M.D.	4800 NE 20TH TERR, STE 303	FORT LAUDERDALE, FL 33308

REINSTATEMENT 2003

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

*Robert T. Marema*

Date 11/18/03

Daytime Phone # 954-351-7770

Typed or printed name of signing Managing Member/Manager Robert T. Marema, MD, MANAGER