

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L030 0004-0163

1. Limited Liability Company's Name

Lee Cancer Clinic, LLC

2007 AUG -8 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000108374660
08/21/07--01026--001 **250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
4755 Summerlin Rd,

Suite, Apt. #, etc.
Suite 7

City & State
Fort Myers FL

Zip
33919

Country
USA

3. Mailing Office Address
4755 Summerlin Rd,

Suite, Apt. #, etc.
Suite 7

City & State
Fort Myers FL

Zip
33919

Country
USA

4. State/Country of Formation
Fort Myers FL, 33919/USA

5. Date Organized or Qualified
To Do Business in Florida **10/20/2003**

6. FEI Number
36-4544554

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
B. Koneru

Street Address (P.O. Box Number is Not Acceptable)
4755 Summerlin Rd,

Suite, Apt. #, Etc.
Suite 7

City
Fort Myers

State
FL

Zip Code
33919

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 *Bhramprasad Koneru*
REGISTERED AGENT MUST SIGN

Date **07/23/2007**

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
MD	B. Koneru	4755 Summerlin Rd,	Fort Myers FL, 33919
			000108374660 08/21/07--01026--002 **5.00
		REINSTATEMENT	05-07

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 *Bhramprasad Koneru*

Date **7/23/2007**

Daytime Phone# **239-278-1911**

Typed or printed name of signing Managing Member/Manager **B. Koneru**