2004 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT : V				CH CD :			
DOCUMENT # L03000047229				FILED			
1. Entity Name THE OTHER FAMILY DOCTOR, LLC					04 DEC 13 PM 3: 13		
		L_		Si	icretany d Ilähassee	FSIME	M.H.
Principal Place of Business	Mailing Address			TAL	LAHASSEE	FLORIUA	
S31 NORTH SR 7 1115 VIDINA ROYAL PALM BEACH, FL 33411 SUITE 195		A PLACE					
	OVIEDO, FL 32765	_			1 88188 (IIKI 881K 881K 88	ni đena eleli sedio nitio kitle	
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			11012004	REIN-LLC	CR2E101 (6/04	» 1 2 [3
City & State	City & State			4. FEI Numb		} →	Applied For
Zip Country	Zip	Country		· ·	of Status Desired	□ \$5.00 A	
6 Name and Address of Curren	at Registered Agent		····		Fee Required		
6. Name and Address of Current Registered Agent			Name				
SWETNAM, JERRY S DVM 1115 VIDINA PLACE			Street Address (P.O. Box Number is Not Acceptable)				
SUITE 195 OVIEDO, FL 32765							
			City FL Zip Code				
8. The above named entity submits this statement	for the purpose of changing its	registered of	ice or registe	red agent, or bo	oth, in the State of Fl	orida. I am familiar wi	th, and accept
the obligations of registered agent	97/44					12-1-04	
SIGNATURE Gypature, typed or printed name of registered ago	ent and title if applicable. (NOT	E: Registered Age	nt signature requi	red when reinstating		DATE	
					Mai	ke check payable to	.
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.0	ю					a Department of St	
9. MANAGING MEM	 BERS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE MGRM	☐ Delete	TITLE				☐ Chang	e 🔲 Addition
NAME SWETNAM, SCOTT DVM STREET ADDRESS 1115 VIDINA PLACE, SUITE 1	, 05	· NAME STREET ADI	ADECC				
CITY-ST-ZIP OVIEDO, FL 32765		CITY-ST-Z			-		
TITLE MGRM	☐ Delete	TITLE				Chang	e Addition
NAME BOGAN, JAMES DVM STREET ADDRESS 731 NORTH ALAFAYA TRAIL		NAME STREET AD	nneee	129	000045 13/04-010	(3 6-4 64.	Í50.00 L
CITY-ST-ZIP ORLANDO, FL 32828		CITY-ST-Z		·	20,07		
TITLE	Delete	TITLE				Chang	e 🔲 Addition
NAME		NAME	20500				
STREET ADDRESS CITY-ST-ZIP		STREET AD					
TITLE	☐ Delete	TITLE		"		☐ Chang	e 🔲 Addition
NAME		NAME			•		
STREET ADDRESS CITY-ST-ZIP		STREET AD					
TITLE	Delete	TITLE				Chang	ge 🔲 Addition
NAME		NAME	N.	1115	ATEM	INT 2	YY4"
STREET ADDRESS CITY-ST-ZIP		STREET AD CITY-ST-2	I		es y carvo	THAM TO YOU	<u>~</u>
TITLE	Delete	TITLE				Chang	ne 🔲 Addition
NAME		NAME					
STREET ADDRESS CITY-ST-ZIP		STREET AD CITY-ST-Z	1				
11. I hereby certify that the information supplied v	vith this filing does not qualify for			ection 119 07/3	Vi) Florida Statutas	I further certify that the	e information
indicated on this report is true and accurate a limited liability company or the receiver or trus	nd that my signature shall have	the same leg	al effect as if uired by Char	made under oa ster 608, Florida	th; that I am a mana	aging member or mana	ager of the
1	Just 1	71/2- 7	, Dool	JWCIN	/\ 2	4 40720	59 7831
SIGNATURE:	Nurmant	/			12-0	10, 7	011