

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

L03000054396

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 31 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000054396**

1. Limited Liability Company's Name

R+S Medical Management Group, LLC
18495 S. Dixie Hwy
MIAMI, FL 33157

2. Principal Office Address - No P.O. Box #

18495 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

33157

Country

USA.

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/18/03

6. FEI Number

13-4353249

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

Jose A. Fuego

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

18495 So. Dixie Hwy

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

900087499309

02/06/07 Date 01045--007 **169.00

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
MANAGER	Jose A. Fuego	18495 So. Dixie Hwy MIAMI, FL 33157	MIAMI, FL 33157

REINSTATEMENT 2005-2007

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

[Signature]

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager