LIMITED LIABILITY COMPANY REINSTATEMENT ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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1. Limited Liability Company's Name
Five Points Family Practice LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5607 Woodbine Rd	SAME
Suite, Apt #, etc.	Suite, Apt #, etc
City & State PACE FL	City & State
Zip 32571	Country Santa Rosa	Zip	Country

4. State/Country of Formation
Florida Santa Rosa County

5. Date Organized or Qualified To Do Business in Florida August 2004

6. FEI Number 201494002 ☐ 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 Angeli Saith

Street Address (P.O. Box Number is Not Acceptable)
5607 Woodbine Road

Suite, Apt. #, Etc.

City Pace   State FL   Zip Code 32571

E-mail Address:

adsgmd@bellsouth.net
(To be used for future annual report notices)

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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	GLENN DAYAL	5607 Woodbine Rd	PACE FL 32571

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _Glenn Dayal_   Date 2/20/2012   Daytime Phone # 850 995 0125

Typed or printed name of signing Managing Member/Manager _____