

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 APR -3 PM 1:54

DOCUMENT # L06000033212

1. Entity Name  
SHEHATA MEDICAL ASSOCIATES



Principal Place of Business  
4300 NORTH OCEAN BLVD,  
2P  
FORT LAUDERDALE, FL 33308

Mailing Address  
4300 NORTH OCEAN BLVD,  
2P  
FORT LAUDERDALE, FL 33308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262008 REIN-LLC CR2E101 (1/07)

4. FEI Number

20-4815290

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEHATA, AHMED DR.  
4300 NORTH OCEAN BLVD  
2P  
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SHEHATA, AHMED DR.  
STREET ADDRESS 4300 NORTH OCEAN, 2P  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000121792630  
04/01/08--01021--006 \*\*277.50

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/1/08 566-9520  
(954)

Date

Daytime Phone #