

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000048140

1. Limited Liability Company's Name

BOCA SURGEONS LLC

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

1601 CLINT MOORE ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

170

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip

33487

Country

PALM BEACH

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-4849206

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (05/10)

FILED

10 DEC -30 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000189132930
12/30/10--01041--002 **238.75

8. Name and Address of Current Registered Agent

Name

NATHAN NACHLAS

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

1601 CLINT MOORE ROAD

Suite, Apt. #, Etc.

170

City

BOCA RATON

State

FL

Zip Code

33487

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 12/28/2010

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
DR	NATHAN NACHLAS	1601 CLINT MOORE ROAD	BOCA RATON FL 33487

REINSTATEMENT

L. SELLERS

JAN - 5 2011

EXAMINER

11. E-mail Address: MACCEC@AOL.COM

(To be used for future annual report notifications)

12. 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

Date 12-28-10

Daytime Phone # 561-988-2020

Typed or printed name of signing Managing Member/Manager NATHAN NACHLAS