

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000064827

1. Entity Name
CENTRAL FLORIDA INTERNAL MEDICINE ASSOCIATES,
P.L.



00 JAN -7 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2000 OSPREY BLVD., SUITE 109
BARTOW, FL 33830

Mailing Address
2000 OSPREY BLVD., SUITE 109
BARTOW, FL 33830



12262007 REIN-LLC CR2E101 (1/07)

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

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORLEY, SAM MARK M.D.
2000 OSPREY BLVD., SUITE 109
BARTOW, FL 33830

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 \$50.00
After January 1, 2008, Fee will be \$100.00

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KORLEY, SAM MARK M.D.
STREET ADDRESS 2000 OSPREY BLVD., SUITE 109
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☐ Change ☐ Addition
NAME 000118518220
STREET ADDRESS 12/31/07--01024--008 **\$5.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

12/27/07

Date

Daytime Phone #

REINSTATEMENT 07 CWS
GA 1/7