PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED  10 JAN 14 PM 1: 09  SECRETARY OF STATE
DOCUMENT # LOGOOOO83500  1. Limited Liability Company's Name PARKLAND HEALT CARE GROUP, LLC		FALLAHASSEE. FLORIDA  400164144564 01/04/1001041014 **382.50
2. Principal Office Address - No P.O. Box # 8969 Hiller Pine ST	3. Mailing Office Address 8969 HIDDEN PINEST	4. State/Country of Formation FLORIDA (VSA
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State	5. Date Organized or Qualified To Do Business in Florida \$ 23 2006
PARKLAND FL	PAOKLARD FL	6. FEI Number Applied For
3300 Country SA	S3067 Country	7. CERTIFICATE OF STATUS DESIRED \$55.00 Additional For required for a Certificate of Status
8. Name and Address of Current Registered Agent  Name  Vary VINDERMAN, Esquir  Street Address (P.O. Box Number)'s Not Acceptable)  CLADES Road  Suite, Apt. #, Etc.  City Buck Ratter State Zip Code  FL 33431		☐ 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 again of the above named limited fiability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Date / 2/23/09  REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage	Street Address of Eac ers Managing Member/Man	
MCR DON STEIGME	on 8919 HODEN P.	est PARKLAND FL 33067
V 400164144564 01/15/1001026016 **272.50		
		W10000000379 JB
		EINSTATEMENT 2007-10
11. E-mail Address: PARKLAND HEALT CITE & BELLSOUT . NET  (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 508, 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 acction 508,406, 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 10 4 Date 12 18 109 Daytime Phone # 954 610 2615  Typed or printed name of signing Managing Member/Manager Don STC19 man		



FILED

10 JAN 14 PM 1:09

SECRETARY OF STATE
LLAMASSEE. FLORIDA FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

January 6, 2010

PARKLAND HEALTHCARE GROUP, LLC 8969 HIDDEN PINE ST PARKLAND, FL 33067

SUBJECT: PARKLAND HEALTHCARE GROUP, LLC

Ref. Number: L06000083500

We have received your document for PARKLAND HEALTHCARE GROUP, LLC and your check(s) totaling \$382.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2010;and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$655.00.

We need an additional check for \$272.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 310A00000302