

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L06000085065

1. Limited Liability Company's Name

Doctors Dialysis, LLC

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

c/o D. Keith Wickenden, 5551 Ridgewood Drive

3. Mailing Office Address

c/o D. Keith Wickenden, 5551 Ridgewood Drive

Suite, Apt. #, etc.

Suite 501

Suite, Apt. #, etc.

Suite 501

City & State

Naples, FL

City & State

Naples, FL

Zip

34108

Country

USA

Zip

34108

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

08/28/2006

6. FEI Number

205456249

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

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SECRETARY OF STATE  
TALLAHASSEE, FL

8. Name and Address of Current Registered Agent

Name

GFPAC Services, LLC

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

5551 Ridgewood Drive

Suite, Apt. #, Etc.

Suite 501

City

Naples

State

FL

Zip Code

34108

E-mail Address:

800255618978  
01/14/14--01035--014 \*\*377.50

kwickenden@gfpac.com

(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 **GFPAC Services, LLC**

Registered Agent By: Richard C. Grant

Date

1-13-14

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
MGRM	Dr. Khaled Rabadi	2750 South 40th Street, Apt #330	Grand Forks, ND 58201

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

Date

12/31/13

Daytime Phone #

(701)610-1026

Typed or printed name of signing Managing Member/Manager **Khaled Rabadi**