

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 206000087785

1. Limited Liability Company's Name

V.B. Surgical Management, LLC

700140831287  
01/15/09--01023--015 \*\*416.25

CR2E041 (10/08)

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

1255 37th Street

Suite, Apt. #, etc.

SUITE E

3. Mailing Office Address

9807 VIA VERGA STREET

Suite, Apt. #, etc.

-

City & State

VERO Beach, FL

City & State

LAKE WORTH, FL

Zip

32960

Country

INDIAN RIVER

Zip

33467

Country

PALEM BEACH

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John J. Raymond JR.

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

1200 NORTH Federal Highway

Suite, Apt. #, Etc.

STE 420

City

BOCA RATON

State

FL

Zip Code

33432

☒ 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 agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

John Raymond  
REGISTERED AGENT MUST SIGN

Date 1/13/09

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
MGR	Brett Greenwald	1255 37th Street	VERO Beach, FL 32960
Member	Mark Schwartz	1255 37th Street	VERO Beach, FL 32960
		REINSTATEMENT 07, 09	

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.

Signature of  
Managing Member/Manager

MA

Date

1/13/09

Daytime Phone #

954-818-9494

Typed or printed name of signing Managing Member/Manager