

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000107490

1. Entity Name  
PHYSICIAN ANCILLARY SERVICES CONSULTANTS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC 18 PM 1:05

Principal Place of Business  
931 VILLAGE BLVD., STE 905-512  
WEST PALM BEACH, FL 33409

Mailing Address  
931 VILLAGE BLVD., STE 905-512  
WEST PALM BEACH, FL 33409

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

12072007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-5783470

☒ 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

PANCZAK, STEPHEN P  
931 VILLAGE BLVD., STE 905-512  
WEST PALM BEACH, FL 33409

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
PANCZAK, STEPHEN P  
931 VILLAGE BLVD., STE 905-512  
WEST PALM BEACH, FL 33409

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

12-11-2007

Date

(561) 254 8098

Daytime Phone #