

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

2010 APR 16 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800176181928  
04/19/10--01005--026 \*\*377.50

CR2E041 (11/09)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L07000044159

1. Limited Liability Company's Name

Lorven Anesthesia, LLC

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

316 SE 12th St

Suite, Apt. #, etc.

BLDG. 200

City & State

Ocala, FL

Zip

34471

Country

US

3. Mailing Office Address

316 SE 12th St

Suite, Apt. #, etc.

BLDG. 200

City & State

Ocala, FL

Zip

34471

Country

US

4. State/Country of Formation

Florida-US

5. Date Organized or Qualified  
To Do Business in Florida

4/25/2007

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

Vijitha Reddy

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

316 SE 12th St

Suite, Apt. #, Etc.

BLDG. 200

City

Ocala

State

FL

Zip Code

34471

☐ 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

*Vijitha Reddy*

REGISTERED AGENT MUST SIGN

Date

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	Vijitha Reddy	316 SE 12th St BLDG 200	Ocala, FL 34471

**REINSTATEMENT**

08/10 AL

11. E-mail Address:

(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 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

*Vijitha Reddy*

Date

5/13/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager