

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800151448608
04/21/09--01010--022 ***377.50
CR2E041 (10/08)

DOCUMENT # **LD7060057387**

1. Limited Liability Company's Name

PALM BEACH MEDICAL CLINIC, LLC

08

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

9123 N. MILITARY TRAIL

Suite, Apt. #, etc.

102

City & State

PALM BEACH GARDENS, FL

Zip
33410

Country
USA

3. Mailing Office Address

13833 WELLINGTON TRACE

Suite, Apt. #, etc.

E4-204

City & State

WELLINGTON, FL

Zip
33414

Country
USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida 10/01/2007

6. FEI Number
22-3964887

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
STEPHEN K. WOYOME

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

Suite, Apt. #, Etc.

City
WELLINGTON

State
FL

Zip Code
33414

☒ 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

Date **04/14/2009**

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
MGR	STEPHEN WOYOME	13833 WELLINGTON TRACE E4-204	WELLINGTON, FL 33414
MGR	SHANNA WOYOME	13833 WELLINGTON TRACE E4-204	WELLINGTON, FL 33414

REINSTATEMENT

**2008-2009 Without
Penalty**

up 4/23/09

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

Date **04/14/2009**

Daytime Phone # **5615844142**

Typed or printed name of signing Managing Member/Manager **STEPHEN WOYOME**