L07000066051

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HARPER, KYNES, GELLER, GREENLEAF & FRAYMAN,P.A.
Account Number : 070651000745
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Claire@harperKynes.com

LIMITED LIABILITY REINSTATEMENT

DOCTOR ON DUTY, LLC.

Certificate of Status	0
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Page Count	02
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APR 0 8 2013

S. PRATHER

April 8, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCTOR ON DUTY, LLC.
12187 W LINEBAUGH AVE
TAMPA, FL 36626US

SUBJECT: DOCTOR ON DUTY, LLC.
REF: L07000066511

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Stacy Prather
Document Specialist Supervisor

FAX Aud. #: H13000076978
Letter Number: 313A00008156

Ebrahim H. Karkevandian
14730 Waterchase Blvd.
Tampa, FL 33626

March 19, 2013

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Doctor On Duty L.L.C.
Document Number: L12000040596

To Whom It May Concern:

With regard to the above referenced limited liability company, please be advised that I will not be withdrawing the Articles of Dissolution filed herewith, as I will be reinstating a limited liability company with the same name.

If you have any questions, please contact my attorney, Jack J. Geller, at 727-210-2533, or his assistant, Claire Frisbee, at 727-210-2541.

Your assistance in this matter is greatly appreciated.

Sincerely,

EHK

Ebrahim H. Karkevandian

From:HKG Main Fax 7978206 04/05/2013 09:31 #805 P.002/002

FILED

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13 APR -5 PM 1:26

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. OF STATE TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

08-13

CR2E041 (1/11)

DOCUMENT #

1. Limited Liability Company's Name
Document # L07000066511
DOCTOR ON DUTY, LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12187 WEST LINEBAUGH AVE	12187 WEST LINEBAUGH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33626 / Country: USA	Zip: 33626 / Country: USA

4. State/Country of Formation: Hillsborough
5. Date Organized or Qualified To Do Business in Florida: 06/25/2007
6. FEI Number: — Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent
Name: EBRAHIM H. KARKEVANDIAN
Street Address (P.O. Box Number is Not Acceptable): 14730 WATERCHASE BLVD
Suite, Apt. #, etc.
City: TAMPA State: FL Zip Code: 33626

E-mail Address:
claire@harperkynes.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 Registered Agent: X E.H.K. — REGISTERED AGENT MUST SIGN — Date: ~~March~~ APRIL 3 2013 EK

10. Names and Street Address(es) of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	EBRAHIM H. KARKEVANDIAN	14730 WATERCHASE BLVD	TAMPA FL 33626
MGR	JANEANE KARKEVANDIAN	14730 WATERCHASE BLVD	TAMPA FL 33626

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: X E.H.K. Date: ~~March~~ APRIL 3, 2013 Daytime Phone #: 813-892-1003

Typed or printed name of signing Managing Member/Manager: EBRAHIM H. KARKEVANDIAN EK

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