PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

THEODORE KATSNELSON, M.D. LLC THEODORE KATSNELSON, M.D. LLC THEODORE KATSNELSON, M.D. LLC THEODORE KATSNELSON, M.D. LLC TOTT 73442751 03/29/1001064003 ***416.25 CR2E041 (11/09) 4. State/Country of Formation FLORIDA TLORIDA APT 1001 APT 1001 APT 1001 APT 1001 APT 1001 APT 1001 City & State MIAMI, FLORIDA MIAMI, FLORIDA B. Name and Address of Current Registered Agent Name JIM PUENTE, CPA Street Address (P.O. Box Number is Not Acceptable) 11120 N. KENDALL DRIVE Suite, Apt. #, iec. Suite, Apt. #, iec. Suite, Apt. #, iec. Suite, Apt. #, iec. Single Little Littl	COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED 2010 APR -9 PM 12: 50			
2. Principal Office Address - No P.O. Box # 24.25 SW 27TH AVENUE 3. Mailing Office Address 24.25 SW 27TH AVENUE 4. StreetCountry of Formation FLORIDA APT 1001 5. Date Cognitive of Cognitive Office Office Office Office Office Office Office Offic	DOCUMENT # L07000089965 1. Limited Liability Company's Name THEODORE KATSNELSON, M.D. LLC					SECRETARY OF STATE TALLAHASSEE, FLORIDA 100173442751 03/29/1001064003 **416.25			
Suite, Apt. 8, etc. APT 1001 APT 1001 APT 1001 To State Application of Counting To Country APPLORIDA MIAMI, FLORIDA MIAMI, FLORIDA MIAMI, FLORIDA B. Name and Address of Current Registered Agent JIM PUENTE, CPA Site Agriculture of Country JIM PUENTE, CPA Site Agriculture of Country SUITE 200 City Site Agriculture of Country MIAMI PLORIDA S. Name and Address of Current Registered Agent Site Agriculture of Certifying the prior notices were not received and 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. SITE 200 City MIAMI P. Lellay appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Managing Members/Managers Managing Members/Managers Managing Members/Managers MIR THEODORE KATSNELSON 2425 SW 27TH AVE, #1001 MIAMI, FL 33145 Date Date Date Date Date City / State / Zip MIAMI, FL 33145 Date Date Date Date Date SITE Address of Exch Managing Members/Managers Managing Members/Managers Date D	Principal Office Address - No P.O. Box # 3. Mailing Office Address						CR2E041 (11/09)		
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APT 1001 APT 1001 APT 1001 TO Do Business in Florida 09/04/2007 6. FEI Number APT 1001	Suite, Apt. #, etc.	etc.							
MIAMI, FLORIDA MIAMI, FLORIDA Decounty 33145 US 33145 US 33145 US 33145 US 33145 US 33145 US A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are creliving the prior notices were not received and requesting; the \$100 reinstatement be waived. A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are creliving the prior notices were not received and requesting; the \$100 reinstatement be waived. Blue April & Jene Address of Each Managing Members/Managers REGISTERED AGENT MUST SIGN Date REGISTERED AGENT MUST SIGN Date Titles Name of Managing Members/Managers Managing Members/Managers MGR THEODORE KATSNELSON 2425 SW 27TH AVE, #1001 MIAMI, FL 33145 The Last of the prior of the prior of the prior notice and the prior notice and the prior of the prior notice and the prior		001			T' = = = = T +				
Superince Supe	•				6. FEI Number Applied For				
33145 US 8. Name and Address of Current Registered Agent Name JIM PUENTE, CPA Street Address (P.O. Box Number is Not Acceptable) 11120 N. KENDALL DRIVE Suit, Ast # \$100 Cry MIAMI 9. I, being appointed the registered agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 608, F.S. Signature of Managing Member Managers Titles Managing Member Managers MGR THEODORE KATSNELSON 2425 SW 27TH AVE, #1001 MIAMI, FL 33145 11. E-mail Address: 12. Learly that I am managing member/manager or the receiver for fused empowered to execute this application as provided for in Chapter 608, F.S. Intrinse certify that when filling this reinstatement application the reason for disagglutos has been eliminated, the intrinse above names suisfies the requirements of section 608, 406, F.S. and that all lease over the provision of the provision of the receiver of fused empowered to execute this application as provided for in Chapter 608, F.S. Intrinse certify that when filling this reinstatement application the reason for disagglutos has been eliminated, the intrinse liability company name satisfies the requirements of section 608, 406, F.S. and that all lease owed by the limited liability company name satisfies the requirements of section 608, 406, F.S. and that all lease owed by the limited liability company name satisfies the requirements of section 608, 406, F.S. and that all lease owed by the limited liability company name satisfies the requirements of section 608, 406, F.S. and that all lease owed by the limited liability company name satisfies the requirements of section 608, 406, F.S. and that all lease owed by the limited liability company name satisfies the requirements of section 608, 406, F.S. and that all lease owed by the limited liability company name satisfies the requirements of section 608, 406, F.S. and that all lease owed by the limited liability company name satisfies the requirements of section 608, 406, F.S. and that all lease owed by the limited									
8. Name and Address of Current Registered Agent Name JIM PUENTE, CPA Street Address (P.O. Box Number is Not Acceptable) 11120 N. KENDALL DRIVE SUITE 200 Cry MIAMI State FL 33176 Signature of Registered Agent REGISTERED AGENT MUST SIGN Managing Members Managers Managing Members Manager Managing members manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. If unther certify that when filling this restratement application the result on contents and requirements of section 608 406, F.S. and that at set so one by the limited liability company part Set and the set of security is application as provided for in Chapter 608, F.S. If unther certify that when filling this restratement application the reason for designation and requirements of section 608 406, F.S. and that at set one of the source of the same legal effect Signature of Capture of the same legal effect of the source of the same legal effect of the source of the same legal effect of the source of the same legal effect of the same legal effect of the same legal effect of Managing Member/Manager Name of the same legal effect of the same legal effect of Managing Member/Manager Managing Member/Manager As \$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 received and requesting the \$100 received and requesting the same legal effect Signature of the same legal effect Signature of Managing Member/Manager Managing Me	,	'			·•	7. CERTIFICATE	OF STATUS DESIRED (\$5.00	Additional Fee required a Certificate of Status	
JIM PUENTE, CPA Street Address (P.O. Box Number is Not Acceptable) 11120 N. KENDALL DRIVE Suite, Apt. #, Etc. SULTE 200 City Sulted 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 Registered Agent Registered Agent Registered Agent Managing Members/Managers Titles Managing Members/Managers Titles Managing Members/Managers The DOORE KATSNELSON 2425 SW 27TH AVE, #1001 MIAMI, FL 33145 11. E-mail Address: The bases for future annual report notifications The control of the special of the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when fitting this reinsteament application the reason for designation and prevention in the case of the special of the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when fitting this reinsteament application the reason for designation and prevention in the case of the control of the cont									
REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip MGR THEODORE KATSNELSON 2425 SW 27TH AVE, #1001 MIAMI, FL 33145 11. E-mail Address: To be used for future annual reson nodifications. 12. I certify that I am managing member/manager or the receiver of trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that all fees owed by the limited liability company here? Seen jaid. The inflormation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under call. Signature of Managing Member/Manager Address: Daytime Phone #5/3/21/8 606/1	JIM PUENTE, CPA Street Address (P.O. Box Number is Not Acceptable) 11120 N. KENDALL DRIVE Suite, Apt. #, Etc. SUITE 200 City State Zip Co				Zip Code	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			
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MGR THEODORE KATSNELSON 2425 SW 27TH AVE, #1001 MIAMI, FL 33145 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 filling 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 cwed by the limited liability company have been raid. 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 Manager Desir Manager Desir Manager Phone #5 13 213 606 1	10. Names and Street Addresses of Managing Members/Managers								
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