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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000055085

1. Limited Liability Company's Name

TBRO BC, LLC

10-14

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4031 Upper Creek Drive	4031 Upper Creek Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sun City Center, FL	City & State: Sun City Center, FL
Zip: 33573 Country: USA	Zip: 33573 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 6/4/2008

6. FEI Number: 262744753 [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent:

Name: Randy Kahn, M.D.

Street Address (P.O. Box Number is Not Acceptable): 4031 Upper Creek Drive

Suite, Apt. # Etc:

City: Sun City Center State: FL Zip Code: 33573

REINSTATEMENT

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Randy Kahn Date: 3/13/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	John Steal, M.D.	4031 Upper Creek Drive	Sun City Center, FL 33573
MBR	Randy Kahn, M.D.	4031 Upper Creek Drive	Sun City Center, FL 33573
			MAR 13 2014
			S. PRATHER

11. E-mail Address: rkahn@tbrope.com

(To be used for future annual report notification)

12. *I certify that I am an authorized representative/manager(s) or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0112, 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 any false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Randy Kahn Date: 3/13/14 Daytime Phone #: 813-685-2440

Typed or printed name of signing Authorized Representative/Manager: Randy Kahn, M.D.

Florida Department of State

Division of Corporations
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TBRO BC, LLC

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