

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000102518

1. Limited Liability Company's Name

DCHD Health Care Professionals, LLC

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

900 North Robert Avenue

Suite, Apt. #, etc.

DeSoto Memorial Hospital, Attn: CEO

City & State

Arcadia, FL

Zip

34266

Country

US

3. Mailing Office Address

900 North Robert Avenue

Suite, Apt. #, etc.

DeSoto Memorial Hospital, Attn: CEO

City & State

Arcadia, FL

Zip

34266

Country

US

8. Name and Address of Current Registered Agent

Name

Eugene E. Waldron, Jr, Esquire

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

124 North Brevard Avenue

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34266

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

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	Lewis Ambler, Jr.	243 N. Brevard Avenue	Arcadia, FL 34266
MGR	Rose Polston	1524 SE Tangelo Drive	Arcadia, FL 34266
MGR	Jerry Waters	5586 SE CR 760	Arcadia, FL 34266
MGR	Daniel Presilla	12655 SW Suzy Avenue	Lake Suzy, FL 34269
MGR	Janie Watson	803 W. Imogene Street	Arcadia, FL 34266
MGR	Linda Williams	108 W. Oak Street	Arcadia, FL 34266

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

Daniel Presilla

Date

5 FEB 2012

Daytime Phone #

941 624 6858

Typed or printed name of signing Managing Member/Manager Daniel Presilla

FILED

12 FEB 20 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300222479903
02/20/12--01049--001 **377.50
CR2E041 (1/11)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

October 22, 2009

6. FEI Number

27-1203252

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2011-12 Jan

E-mail Address:

ewaldron@eewj.com

(To be used for future annual report notices)

L09000102518

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	Johnny Clemons	5485 SE Brown Road	Arcadia, FL 34266
MGR	Dr. Vaidy Nathan	830 N. Mills Avenue	Arcadia, FL 34266
MGR	Donald Knoche	4 West Oak Street	Arcadia, FL 34266