

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 OCT 12 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000002281

1. Limited Liability Company's Name

Outpatientdetox.com, LLC

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

7251 W. Palmetto PK. Rd.

Suite, Apt. #, etc.

#204

3. Mailing Office Address

7251 W. Palmetto PK. Rd.

Suite, Apt. #, etc.

#204

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

Zip

33433

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

1/6/2011

6. FEI Number

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

Steven Scanlan, M.D.

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

7251 W. Palmetto PK Rd.

Suite, Apt. #, Etc.

#204

City

Boca Raton

State

FL

Zip Code

33433

E-mail Address:

700240836137

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melissa@pbod.org

(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

Steve R Scanlan

Date

10/10/12

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
MGRM	Steve R Scanlan	7251 W. Palmetto Park Rd Suite 204. Boca Raton	Boca Raton, FL, 33433

JB

REINSTATEMENT 2012

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

Steve R Scanlan

Date

10/10/12

Daytime Phone #

561 901 0117

Typed or printed name of signing Managing Member/Manager

Steve R Scanlan