Pg. 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2020 JAN 27 PM 4:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

300339936323

DOCUMENT # L11000116284

1. Limited Liability Company's Name
ADVANCED UROGYNECOLOGY, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
260 LOOKOUT PLACE STE 201	
Suite Apt. # etc.	Suite Apt. # etc.
City & State	City & State
MAITLAND	
Zip / Country	Zip / Country
32751 usa	

CR2E041 (1/14)

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/11/2011

6. FEI Number: 45-4053938 ☐ 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: JPM SERVICES CORP

Street Address - P.O. Box Numbers is Not Acceptable - Suite: 1501 YAMATO ROAD SUITE 200 W

Apt. # Etc.:

City: BOCA RATON | State: FL | Zip Code: 33431

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: John Campanella — REGISTERED AGENT MUST SIGN — Date: 1/27/2020

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	FLORIDA WOMAN CARE, LLC	1501 Yamato Road STE 200 W	BOCA RATON, FL 33431

T MOORE
JAN 27 2020

11. E-mail Address: doris.muscarella@unifiedhc.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager 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 requirement of section 605.0012 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 authorized representative/ member: John Campanella — Date: 1/27/2020 — Daytime Phone #: (561) 300-2410, ext 169

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/27/20

NAME: ADVANCED UROGYNECOLOGY, LLC

TYPE OF FILING: **REINSTATEMENT**

COST: **238.75**

RETURN: **PLAIN COPY PLEASE**

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**