

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 JUL 22 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000120892

1 Limited Liability Company's Name

UHS FORT MYERS, LLC

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

1260 Brightwaters Blvd. NE

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

U.S.A.

3. Mailing Office Address

1260 Brightwaters Blvd. NE

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

U.S.A.

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/1/2014

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

David L. Ciccarello

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

1415 Hendry Street

Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33901

400288261504
07/22/16--01030--021 **\$82.50

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

Date 7/20/2016

REGISTERED AGENT MUST SIGN

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
MGR	William Mills, Jr.	1260 Brightwaters Blvd. NE	St. Petersburg, FL 33704
AR	David L. Ciccarello	1415 Hendry St.	Fort Myers, FL 33901

11. E-mail Address: dlccicarello@wilburlaw.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

Date

7/20/2016

Daytime Phone #

239-334-7696

Typed or printed name of signing authorized representative/member David L. Ciccarello

K ASHTON