

L92000000045

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 31 PM 3:39

SECRETARY OF STATE
FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L920000000 45
ALLIANCE HEALTH CARE GROUP, LC
2202 S. BABCOCK STREET, SUITE 204
MELBOURNE, FL 32901

1a. Principal Place of Business Address
2202 S. BABCOCK ST.
SUITE 204
MELBOURNE, FL 32901

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 20 E. MELBOURNE AVE.		2a. Mailing Address 20 E. MELBOURNE AVE.		3. Date Organized or Qualified 11/23/92		3a. State of Formation FLORIDA	
Suite, Apt. #, etc. SUITE 104		Suite, Apt. #, etc. SUITE 104		4. FEI Number 59-3151851		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State MELBOURNE, FL		City & State MELBOURNE, FL		5. Date of Last Report 1996		6. Certificate of Status Desired <input type="checkbox"/> \$0 / \$ Additional Fee Required	
Zip 32901	Country U.S.A.	Zip 32901	Country U.S.A.				

7. Name and Address of Current Registered Agent
CHANDRA, RAJIV M.D.
2202 S. BABCOCK ST., SUITE 204
MELBOURNE, FL 32901

8. Name and Address of New Registered Agent

Name
JOHN M. GAYDEN, M.D., P.A.

Street Address (P.O. Box Number is Not Acceptable)
1251 S. HICKORY STREET

Suite, Apt. #, etc.

City
MELBOURNE

Zip Code
FL 32901

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 *John M. Gayden, M.D.* Date **03-27-98**

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	JOHN M. GAYDEN, MD, PA	1251 S. HICKORY STREET	MELBOURNE, FL 32901

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****877.50 ****877.50

REINSTATEMENT 97-98
CR 4-2

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.

Signature of Managing Member/Manager *John M. Gayden, M.D.* Date _____ Daytime Phone # **(407) 951-7404**

Typed or printed name of signing Managing Member/Manager **JOHN M. GAYDEN, M.D., P.A.**