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
TALLAHASSEE, 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

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

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

2. Principal Place of Business
20 E. MELBOURNE AVE.
Suite, Apt. #, etc.
SUITE 104
City & State
MELBOURNE, FL
Zip 32901 Country U.S.A.

2a. Mailing Address
20 E. MELBOURNE AVE.
Suite, Apt. #, etc.
SUITE 104
City & State
MELBOURNE, FL
Zip 32901 Country U.S.A.

3. Date Organized or Qualified 11/23/92

3a. State of Formation FLORIDA

4. FEI Number 59-3151851 ☐ Applied For ☐ Not Applicable

5. Date of Last Report 1996

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 FL Zip Code 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. (REGISTERED AGENT MUST SIGN) 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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REINSTATEMENT 97-98

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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.