

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAR -6 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000227

1. Limited Liability Company's Name

Alpha Medical, L.C.

2. Principal Office Address

20 E. Melbourne Av #104

Suite, Apt. #, etc.

City & State

Melbourne, FL 32901

Zip

32901

Country

Brevard

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida - Brevard

5. Date Organized or Qualified  
To Do Business in Florida

5-27-94

6. FEI Number

59-3265713

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

Chandra, Rajiv, M.D.

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

20 East Melbourne Ave

Suite, Apt. #, Etc.

#104

City

Melbourne

State  
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

REGISTERED AGENT MUST SIGN

Date

3-1-00

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
Mbr.	Chandra, Rajiv, M.D.	20 East Melbourne Av #104	Melbourne, FL 32901
Mbr	Gayden, John M. Jr M.D.	20 East Melbourne Av #104	Melbourne, FL 32901
Mbr	Patel, Bachu, M.D.	20 East Melbourne Av #104	Melbourne, FL 32901

REINSTATEMENT

99-00 8A

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

Date

3-1-00

Daytime Phone #

321-951-7404

Typed or printed name of signing Managing Member/Manager

RAJIV CHANDRA, M.D.