

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

APPROVED  
AND  
FILED

677 AUG 12 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT #L94000000437

SARASOTA MEDICAL CENTRE, L.C.  
10370 Richmond Ave.  
Suite #900  
Houston, TX 77042

1a. Principal Place of Business Address  
  
10370 Richmond Ave.  
Suite #900  
Houston, TX 77042

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

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8/29/94

Florida

City & State

City & State

4. FEI Number

76-0448035

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Leffler, Walter R.  
13893 Jetport Loop #5  
Fort Myers, FL 33913

Name

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

Suite, Apt. #, etc.

City

Zip Code

7000002266137-0

-08/13/97-D1099-003

\*\*\*\*903.75 \*\*\*\*903.75

FL

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

Date

10. Title

Managing Members Managers

Business Street Address

City, State & Zip Code

MGR McArthur, J.O.

10370 Richmond Ave., #900

Houston, TX 77042

MGR Leffler, Walter R.

13893 Jetport Loop #5

Fort Myers, FL 33913

MEN Jaramar, Ltd.

10370 Richmond Ave., #900

Houston, TX 77042

REINSTATEMENT

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

8/8/97

Daytime Phone # 713/785-2100

Typed or printed name of signing Managing Member/Manager

Jaramar, Ltd., by J. Michael Sadler, Executive Vice President