

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L95-286

## 1. Limited Liability Company's Name

United Southern Health Group, LLC.

## 2. Principal Office Address

2151 NE Coachman Rd

Suite, Apt. #, etc.

## 3. Mailing Office Address

Same

Suite, Apt. #, etc.

## City &amp; State

Clearwater, FL

## City &amp; State

Zip

Country

Zip

Country

33765

USA

## 4. State/Country of Formation

FL Pinellas Co.

## 5. Date Organized or Qualified To Do Business in Florida

4-15-95

## 6. FEI Number

59-3308480

Applied For

Not App

7. CERTIFICATE OF STATUS DESIRED ☐ ☒

## 8. Name and Address of Current Registered Agent

Name

David Thomas

500003096755-3

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

2151 NE Coachman Rd.

-01/12/00--01094--009  
\*\*\*150.00 \*\*\*150.00

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33765

## 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 12/17/99

## 10. Names and Street Addresses of Managing Members/Managers

Titles

Name of  
Managing Members/ManagersStreet Address of Each  
Managing Member/Manager

City / State / Zip

See attached sheet for members

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 12/16/99

Daytime Phone # (727) 443-0443

Typed or printed name of signing Managing Member/Manager

David Thomas