

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED

97 SEP -2 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000444

Innovative Patient CARE Services, L.L.C.
13161 56th Court Suite 203
Clearwater, Fl 34620

1a. Principal Place of Business Address

13161 56th Court Suite 203
Clearwater, Fl 34620

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

2. Principal Place of Business

26133 US 19 North

Suite, Apt. #, etc.

402

City & State

Clearwater, Fl

Zip

34619

Country

USA

2a. Mailing Address

P.O. BOX 14409

Suite, Apt. #, etc.

City & State

Clearwater, Fl

Zip

33766-4409

Country

USA

3. Date Organized or Qualified

06/06/1995

3a. State of Formation

FL

4. FEI Number

59-3306901

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

Charles L. Brown
2132 Camden Way
Clearwater, Fl 34619

8. Name and Address of New Registered Agent

Name

Street Address

Suite, Apt. #, etc.

City

FL

Zip Code

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

Charles L. Brown

Date 8-1-97

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM

Miriam P. Brown

26133 US 19 N Ste 402

Clearwater, FL 34619

MGRM

Elaine Johnston

26133 US 19 N Ste 402

Clearwater, Fl 34619

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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

Miriam P. Brown

Date 8-1-97

Daytime Phone # 813-669-3872

Typed or printed name of signing Managing Member/Manager

MIRIAM P. BROWN



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 19, 1997

INNOVATIVE PATIENT CARE SERVICES, L.C.
26133 US 19 NORTH
SUITE 402
CLEARWATER, FL 34619

SUBJECT: INNOVATIVE PATIENT CARE SERVICES, L.C.
Ref. Number: L95000000444

We have received your document for INNOVATIVE PATIENT CARE SERVICES, L.C. and check(s) totaling \$992.50. However, your check(s) and document are being returned for the following:

The fees to reinstate the limited liability company are as follows: \$500.00 reinstatement fee; \$100.00 filing fee per year for the years 1996 through 1997; and \$103.75 supplemental fee for 1992 and every year thereafter; and \$8.75 for each certificate of status requested (optional). Therefore, the total amount due at this time is 907.50.

The titles you have listed for your members are not correct. Please amend your document according to the instructions found on the back of the application under "box 10".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Amy Alan
Document Specialist

Letter Number: 197A00041844