

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED

97 DEC 30 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000799
Hernando County Physician Organization, LC
c/o 14100 Fivay Road, Suite 360
Hudson, Fl. 34667

1a. Principal Place of Business Address
11375 Cortez Blvd.
Brooksville, Fl. 34613

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

2. Principal Place of Business
11375 Cortez Blvd.
Suite, Apt. #, etc.
City & State
Brooksville, Fl. 34613
Zip
34613 Country
USA

3. Date Organized or Qualified
10/23/95
3a. State of Formation
Florida
4. FEI Number
62-1621184
☐ Applied For
☐ Not Applicable
5. Date of Last Report
1995
6. Certificate of Status Desired
☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
The Prentice Hall Corporation System
1201 Nays Street
Suite 105
Tallahassee, Fl. 32301

8. Name and Address of New Registered Agent
Name
Brian Roebuck, M.D. - Chairman
Street Address (P.O. Box Number is Not Acceptable)
CRMC Oak Hill
Suite, Apt. #, etc.
11375 Cortez Blvd.
City
Brooksville Zip Code
FL 34613

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 *Brian Roebuck* 12-9-97 Date **12/9/97**

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Anil Bhatia, M.D.	11345 Cortez Blvd.	Brooksville, Fl. 34613
MGR	Richard Caradonna, M.D.	11367 Cortez Blvd.	Brooksville, Fl. 34613
MGR	Sankara Dinavahi, M.D.	11321 Cortez Blvd.	Brooksville, Fl. 34613
MGR	Brian Roebuck, M.D.	11329 Cortez Blvd.	Brooksville, Fl. 34613
MGR	Sadras Shanmugham, M.D.	11373 Cortez Blvd., #206	Brooksville, Fl. 34613
MGR	Jonathan Shaw, M.D.	11315 Cortez Blvd.	Brooksville, Fl. 34613

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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 *Brian Roebuck* 12-9-97 Date **12-9-97** Daytime Phone # **813-861-5137**

Typed or printed name of signing Managing Member/Manager