

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #L95000000800

**Oak Hill Physician Hospital Association LC
c/o 14100 Fivay Road, Suite 360
Hudson, Florida 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.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Brooksville, Fl. 34613

City & State

Zip

34613

Country

USA

Zip

Country

3. Date Organized or Qualified

10/23/95

3a. State of Formation

Florida

4. FET Number

59-3438032

☐ Applied For

☐ Not Applicable

5. Date of Last Report

1996

6. Certificate of Status Desired

☒ \$6.75 Additional Fee Required

7. Name and Address of Current Registered Agent

**The Prentice Hall Corporation System
1201 Hays Street
Suite 105
Tallahassee, Fl. 32301**

8. Name and Address of New Registered Agent

Name

Jay Finnegan, CEO

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

Jay Finnegan

Date **12-9-97**

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Brian Roebuck, M.D.	11329 Cortez Blvd.	Brooksville, Fl. 34613
MGR	Anil Bhatia, M.D.	11345 Cortez Blvd.	Brooksville, Fl. 34613
MGR	Sadras Shanmugham, MD	11373 Cortez Blvd.#206	Brooksville, Fl. 34613
MGR	Jay Finnegan, CEO	11375 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

Jay Finnegan

Date **12-9-97**

Daytime Phone # **813-861-5137**

Typed or printed name of signor Managing Member/Manager