

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

L96000000120

FILED
99 JUL -6 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000000120

ADVANCED MEDICAL PROCEDURES
206A West Oak Street
Kissimmee FL 34741

1a. Principal Place of Business Address

206A West Oak Street
Kissimmee FL 34741

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.		206A West Oak Street		1/26/96	Florida
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Kissimmee FL		Kissimmee FL		59-3360139	
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
34741	USA	34741	USA		\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Name

Jerry W. Anderson

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

206A West Oak Street

Suite, Apt. #, etc.

City

Kissimmee

FL

Zip Code

34741

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

Jerry W. Anderson

Date 5/18/99

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
P/M	Jerry W. Anderson	206A West Oak Street	Kissimmee FL 34741
S/D M	Dawn Bailey	1002 Butler Creek Ct.	Oviedo FL 32765

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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

Jerry W. Anderson

Date 5/18/99

Daytime Phone # 800-330-9997

Typed or printed name of signing Managing Member/Manager

Jerry W. Anderson