APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE

L96000001175

FILED
97 NOV -5 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company — DOCUMENT # L96000001175

TOC Specialists, P.L.
3334 Capital Medical Boulevard, Suite 400
Tallahassee, FL 32308

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

1a. Principal Place of Business Address
3334 Capital Medical Boulevard
Suite 400
Tallahassee, FL 32308

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / County

2a. Mailing Address
% Thomas W. Lager, Esq.
Suite, Apt. #, etc.
354 Office Plaza
City & State
Tallahassee, FL
Zip: 32301 County: USA

3. Date Organized or Qualified: 11/08/96
3a. State of Formation: FL
4. FEI Number: 59-3410035 ☐ Applied For ☐ Not Applicable
5. Date of Last Report
6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

Thomas W. Lager, Esquire
Law Offices of Thomas W. Lager
354 Office Plaza
Tallahassee, FL 32301

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code

700002343507--5
11/10/97--01164--004
FL ****703.75 ****703.75

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 _____ Date 11/04/97

10. Title	Managing Members-Managers	Business Street Address	City, State & Zip Code
Man. Mem.	Charles H. Wingo, M.D.	3334 Capital Medical Boulevard, Suite 400	Tallahassee, FL 32308

PD WMT - 500.00
AR - 100.00
AR 1990 - 103.75
$703.75

REINSTATEMENT 1997

BK

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 11/04/97 Daytime Phone # (850) 878-4250

Typed or printed name of signing Managing Member/Manager

CR2E041 10/97