

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

OCT 30 PM 11:02

**DOCUMENT #**

1. Limited Liability Company's Name

L98-447

Delta Medical Care Management, LC

2. Principal Office Address

10806 US 19

Suite, Apt. #, etc.

Ste 102

City & State

Port Richey, FL

Zip

34668

Country

USA

3. Mailing Office Address

same

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

4/6/1998

6. FEI Number

59-3510770

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Khan, Haider

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

10806 US 19

Suite, Apt. #, etc.

Ste 102

City

Port Richey

State

FL

Zip Code

34668

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/24/00

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Larry Mitchum	10806 US 19, Ste 102	Port Richey, FL 34668
Mbr	John Woods	"	500003456205-3
Mbr	Haider Khan	"	11/07/00--01123--015 ***155.00 ***155.00
Mbr	Sabiha Khan	"	"

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

[Signature]

Date

10-24-00

Daytime Phone #

727 868 8373

Typed or printed name of signing Managing Member/Manager

Larry Mitchum

CR2E041 (9/00)