

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

Mar 06, 2002 8:00 A.M.
Secretary of State

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L98000003282

1. Limited Liability Company's Name

Surg Two, L.L.C.

2. Principal Office Address

2500 Highway 77

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/18/1998

6. FEI Number

593546887

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

Timothy J. Sloan

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

427 McKenzie Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

1/14/02

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 |
|--------|--------------------------------------|---|-----------------------|
| MGRM | Aker, Anthony L., O.D. | 2500 Highway 77 | Panama City, FL 32405 |
| MGRM | Edinger, David J., O.D. | 2500 Highway 77 | Panama City, FL 32405 |
| MGRM | Gonshor, Lee G., M.D. | 2500 Highway 77 | Panama City, FL 32405 |
| MGRM | Mallary, John J., M.D. | 2500 Highway 77 | Panama City, FL 32405 |
| MGRM | Fisher, Bret L., M.D. | 2500 Highway 77 | Panama City, FL 32405 |

REINSTATEMENT

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

1/15/02

Daytime Phone

(850)784-3937

Typed or printed name of signing Managing Member/Manager

Anthony L. AKER, O.D.

CR2E041 (9/01)