

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED  
FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katharine Harris  
Secretary of State

DIVISION OF CORPORATIONS

99 DEC 10 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003431

1. Limited Liability Company's Name

UNITED MEDICAL LEASE, L. C.

2. Principal Office Address  
535 Central Ave.

3. Mailing Office Address  
same

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

Zip 33701

Country U. S. A.

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/21/1998

6. FEI Number

X Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ ~~STATE FORM~~

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

Name

Timothy B. Leahy

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

535 Central Ave.

Suite, Apt. #, Etc.

Suite 300

City

St. Petersburg

State

FL

Zip Code

33701

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

*Timothy B. Leahy*

REGISTERED AGENT MUST SIGN

Date 11/5/99

**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	C. J. Wilkins	10 Kestrel Close, Ewshot Farnham, Surrey	GU10 5TW, U. K.

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

*C. J. Wilkins*

Date 11/05/99

Daytime Phone # (869) 469-1812

Typed or printed name of signing Managing Member/Manager

C. J. Wilkins

**REINSTATEMENT**

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\*\*\*\*155.00 \*\*\*\*155.00