

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000558

1. Limited Liability Company's Name

MEDSCHEDULE, LLC

2. Principal Office Address

800 WINTERS CREEK RD.

Suite, Apt. #, etc.

City & State.

PALM CITY, FLORIDA

Zip

34990

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

2/1/99

6. FEI Number

65-0900738

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MILTON GALLANT, M.D.

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

800 WINTERS CREEK ROAD.

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

600004652596-4

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****155.00 ****155.00

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

Milton Gallant, M.D.

Date 10/16/01

REGISTERED AGENT MUST SIGN

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	MILTON GALLANT, M.D.	800 WINTERS CREEK ROAD	PALM CITY, FL 34990

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

Milton Gallant, M.D.

Date 10/16/01

Daytime Phone # 561.336.5207

Typed or printed name of signing Managing Member/Manager

MILTON GALLANT, M.D.

CR2E041 (9/01)