

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L9900000631

03 JAN -9 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L99000000631

Name and Mailing Address

0009543 01 FP 0.352 **PRSRTH3 0 0615 32504-910130



GULL POINT MEDICAL L.C.
5130 GULL POINT RD.
PENSACOLA FL 32504-9101

850-384-1836



1/9 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5130 GULL POINT RD. PENSACOLA FL 32504		5. Date Organized or Qualified To Do Business in Florida 02/04/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number NOT APPLICABLE	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent GREGORY, BRIAN 5130 GULL POINT RD. PENSACOLA FL 32504		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
10. 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 <u>Brian P. Gregory</u> Date <u>12/31/2002</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GREGORY, BRIAN	5130 GULL POINT RD.	PENSACOLA FL 32504

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01/09/03--01042--020 **155.00

12. 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 Brian P. Gregory Date 12/31/2002 Daytime Phone # 850-384-1836

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)