

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

DOCUMENT #

1. Limited Liability Company's Name

L99-2255
Jacksonville Psychiatric Services

REINSTATEMENT 2000

2. Principal Office Address

6428 Beach Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

6428 Beach Blvd

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32216

Country

Duval

Zip

32216

Country

Duval

4. State/Country of Formation

Florida Duval

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3573713

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

David W. Cheshire MD

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

6428 Beach Blvd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

200003459432-3

-11/09/00--01096--015

****150.00 ****150.00

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

X *David W. Cheshire*

REGISTERED AGENT MUST SIGN

Date

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
MEM MD	David W. Cheshire	6428 Beach Blvd	Jacksonville, FL 32216

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

David W. Cheshire

Date

10/24/00

Daytime Phone #

904 724 6500

Typed or printed name of signing Managing Member/Manager

David W. Cheshire MD