

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

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DOCUMENT # L99000004546

1. Limited Liability Company's Name

Florida Pediatric Associates, LLC

REINSTATEMENT 2000

2. Principal Office Address

880 - 6TH ST South

Suite, Apt. #, etc.

Suite 110

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Office Address

880 - 6TH ST South

Suite, Apt. #, etc.

Suite 110

City & State

St. Petersburg, FL

Zip

33701

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3490927

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

John H. Elissen

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

880 6TH ST S

Suite, Apt. #, Etc.

Suite 110

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

John H. Elissen

REGISTERED AGENT MUST SIGN

Date 10/25/00

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
	Florida Pediatric Radiology, PA	880 - 6TH ST S # 110 St. Petersburg	St. Petersburg, FL 33701
	M.W. MORRIS, MD, INC.	1800 NINTH ST N.	St. Petersburg, FL 33704
	Anesthesia Care Experts	880 - 6TH ST S. # 110	St. Petersburg, FL 33701
	Intensive Care Services Associates, PA	880 - 6TH ST S. # 370	St. Petersburg, FL 33701

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

Richard M. Burtov

Date 10-19-00

Daytime Phone# (727) 892-8497

Typed or printed name of signing Managing Member/Manager