

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 # **L9900008202**

1. Limited Liability Company's Name

InterMed, L.L.C.

2. Principal Office Address

705 West Fletcher Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33612

Country

USA

3. Mailing Office Address

705 West Fletcher Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33612

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified

To Do Business in Florida

03-01-2000

6. FEI Number

59-3613012

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

Martin Revello

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

2912 W. Waters Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

400003459334-9

-11/09/00-01096-012

*****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

[Signature]

Date

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
Dir.	Jai Cho, MD	13701 Bruce B. Downs #105	Tampa, FL 33613
Dir.	Raul Revello, M.D.	2912 W. Waters Ave.	Tampa, FL 33614
Dir.	Mohan Kutty, MD	13911 Lakeshore Blvd. Ste B	Hudson, FL 34667

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

[Signature]

Date **10/26/2000** Daytime Phone #

Typed or printed name of signing Managing Member/Manager