

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 DEC 28 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008207

1. Limited Liability Company's Name
Little Forest Medical Center, LLC.

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
950 GALLEON DRIVE

3. Mailing Office Address
950 GALLEON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples FL

Zip Country
34102 USA

Zip Country
34102 USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/10/2001

6. FEI Number

34-1120588

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
GREGORY J GIBSON

Street Address (P.O. Box Number is Not Acceptable)
780 5th Ave S. #203

Suite, Apt. #, Etc.

City
Naples FL

State Zip Code
FL 34102

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12/28/10--01014--018 **243.75

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]
REGISTERED AGENT MUST SIGN

Date 12/27/2010

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 |
|----------------------|-----------------------------------|--|---------------------------|
| Manag. Mem. | <u>PATRICIA C POTTS</u> | <u>950 GALLEON DR.</u> | <u>Naples FL 34102</u> |
| Manag. Mem. | <u>Shari Tracey</u> | <u>10600 SIX PINES DR.</u> | <u>Woodlands TX 77380</u> |
| Manag. | <u>GREGORY J GIBSON</u> | <u>780 5th Ave S. #203</u> | <u>Naples FL 34102</u> |
| REINSTATEMENT | | | |

11. E-mail Address: _____
(To be used for future annual report notifications)

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
[Signature] Date 12/27/2010 Daytime Phone # 239 977 6801

Typed or printed name of signing Managing Member/Manager _____

RM