

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

01 FEB -5 AM 8:55

**DOCUMENT #**

**1. Limited Liability Company's Name**

Westside Medical, L.L.C.

9/29/00

**2. Principal Office Address**

9315 Fox Hollow Lane

Suite, Apt. #, etc.

City & State

Brooksville FL

Zip

34613

Country

USA

**3. Mailing Office Address**

9315 Fox Hollow Lane

Suite, Apt. #, etc.

City & State

Brooksville FL

Zip

34613

Country

USA

**4. State/Country of Formation**

Florida / USA

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

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

Christina Howell

800003676728-5

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

9315 Fox Hollow Lane

-02/13/01--01060--007

\*\*\*\*200.00 \*\*\*\*200.00

Suite, Apt. #, Etc.

City

Brooksville

State  
FL

Zip Code

34613

**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

Christina K. Howell

REGISTERED AGENT MUST SIGN

Date 12/20/00

**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
MEMBER	Norman Howell, D.O.	9315 Fox Hollow Lane	Brooksville / FL / 34613
MEMBER	Paul Rose, M.D.	5211 US Highway 19 North	New Port Richey / FL / 34652
MEMBER	Nickolas J. Colucci, D.O.	5995 Legends Hill Lane	Brooksville / FL / 34609

**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

Norman S. Howell, D.O.

Date 12/20/00

Daytime Phone # (352) 596-1161

Typed or printed name of signing Managing Member/Manager

Norman S. Howell, D.O.