

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 25 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400101767624
05/09/07--01006--003 **305.00
CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M0200000120

1. Limited Liability Company's Name

THE OCALA ENDOSCOPY ANESTHESIA, LLC

2. Principal Office Address - No P.O. Box #

6241 Arc Way

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33966

Country

U.S.

3. Mailing Office Address

6241 Arc Way

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33966

Country

U.S.

4. State/Country of Formation

TN/U.S.

5. Date Organized or Qualified
To Do Business in Florida

01/14/02

6. FEI Number

80-0007551

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

Emilie V. Digby

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

6241 Arc Way

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33966

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Emilie V. Digby
REGISTERED AGENT MUST SIGN

Date 4-19-07

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
MGR	Emilie V. Digby	6241 Arc Way	Fort Myers, FL 33966
MGR	Sean Digby	6241 Arc Way	Fort Myers, FL 33966
MGR	Richard VanEldik, M.D.	1160 SE 18th Place	Ocala, FL 34417
MGR	David Hope	1160 SE 18th Place	Ocala, FL 34417

REINSTATEMENT 04-07

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

Emilie V. Digby

Date 4-19-07

Daytime Phone # 2392789955

Typed or printed name of signing Managing Member/Manager

Emilie V. Digby, Manager