PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPROVED
FILED
00 DEC -7 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

UBR

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
*Secretary of State*
DIVISION OF CORPORATIONS

DOCUMENT # M97000000061

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

Frazier-Smith Investors, LLC

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 4415 Pheasant Ridge Rd | |
| Suite, Apt. #, etc. Suite 301 | Suite, Apt. #, etc. |
| City & State Roanoke VA | City & State |
| Zip 24014 Country USA | Zip Country |

**4.** State/Country of Formation: Virginia

**5.** Date Organized or Qualified To Do Business in Florida: 2/17/97

**6.** FEI Number: 54-1836487 ☐ 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: CT Corporation

100003499601---6
-12/13/00--01055--003
*****50.00 *****50.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

**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: Corina Bryan — REGISTERED AGENT MUST SIGN — Date: 12-7-00

**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 |
|---|---|---|---|
| Co-manager | James R. Smith | 4415 Pheasant Ridge Rd | Roanoke, VA 24014 |
| Co-Manager | Herbert A. Frazier | 400 Murray Place | Lynchburg, VA 24502 |
| | | | |
| | | | |
| | | | |
| | | | |

JB 12-7-00

**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: JRS — Date: 12-5-00 — Daytime Phone #: 540-774-7762

Typed or printed name of signing Managing Member/Manager: James R. Smith

Pg. 2 of 2
M97-61

# Smith/Packett Med-Com, Inc.

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Annual Report

To Whom It May Concern:

This letter is to inform you that we never received the Annual Report for Frazier-Smith Investors, LLC.

Thank you,

Sheila Young
Executive Assistant