

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 JUDICIAL SERVICES  
 CREATION OF STATE  
 CORPORATIONS

FILED

02 NOV 12 PM 2:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000810  
 Name and Mailing Address

0007197 01 FP 0.352 \*\*PRSR T2 0 0615 27705-250528  
  
 SCOTT MEDICAL GROUP, LLC  
 2828 CROASDAILE DRIVE  
 DURHAM NC 27705-2505



2. New Mailing Address City, State, Zip		4. State/Country of Formation NC	
Principal Place of Business 2828 CROASDAILE DRIVE DURHAM NC 27705		5. Date Organized or Qualified To Do Business in Florida 07/24/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 56-2031537 Applied For Not Applicable	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

10. 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 Connie Bryan Connie Bryan, Special Asst. Secy. Date 11-8-02  
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SCOTT, STEVEN M	2828 CROASDAILE DRIVE	DURHAM NC 27705
P	SCOTT, STEVEN M	2828 CROASDAILE DRIVE	DURHAM NC 27705
V	BROADBELT, BRUCE M	2828 CROASDAILE DRIVE	DURHAM NC 27705
VT	WEGNER, ANITA M	2828 CROASDAILE DRIVE	DURHAM NC 27705
S	ANDERSON, JOANN M	2828 CROASDAILE DRIVE	DURHAM NC 27705

REINSTATEMENT 02 000008931800  
 11/12/02--01034--017 \*\*150.00

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 Stev M. Scott Date 11-04-02 Daytime Phone # 919 383 0355  
 Typed or printed name of signing Managing Member/Manager Steven M. Scott, M.D.

CR2E084 (8/02)