

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jill Scott
Secretary of State
DIVISION OF 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

5. Date Organized or Qualified
To Do Business in Florida

07/24/1998

Principal Place of Business

2828 CROASDAILE DRIVE
DURHAM NC 27705

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

56-2031537

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.*
REGISTERED AGENT MUST SIGN

Date 11-8-02

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

Date 11-04-02 Daytime Phone # 919 383 0355

Typed or printed name of signing Managing Member/Manager Steven M. Scott, M.D.