

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -8 AM 9:57

DOCUMENT # P95000075053

1. Limited Liability Company's Name

MAHMOUD A. NIMER, M.D., P.A.

REINSTATEMENT

99-06

CR2E041 (8/05)

2. Principal Office Address

14540 CORTEZ BLVD.

3. Mailing Office Address

14540 CORTEZ BLVD.

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

09/28/1995

6. FEI Number

593335675

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

Suite, Apt. #, etc.

SUITE 113

Suite, Apt. #, etc.

SUITE 113

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

Zip

34613

Country

USA

Zip

34613

Country

USA

8. Name and Address of Current Registered Agent

Name

MAHMOUD A. NIMER, M.D.,

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

14540 CORTEZ BLVD.

Suite, Apt. #, Etc.

SUITE 113

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

*Mahmoud A. Nimer*

REGISTERED AGENT MUST SIGN

Date 12/05/2006

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	MAHMOUD A. NIMER, M.D.,	14540 CORTEZ BLVD. SUITE # 113	BROOKSVILLE, FL 34613

12/05/06--01024--005 \*\*1800.00

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

*Mahmoud A. Nimer*

Date 12/05/2006

Daytime Phone# (352) 5964022

Typed or printed name of signing Managing Member/Manager MAHMOUD A. NIMER, M.D.,