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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED OCT 21 2003
FILED
DEC -8 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000002314

Name and Mailing Address

0016167 01 MB 0.309 **AUTO T9 0 0615 37312-430970
LC HEALTHCARE HOLDING COMPANY, LLC
3570 KEITH STREET, N.W.
CLEVELAND TN 37312-4309

Handwritten signature



2. New Mailing Address		4. State/Country of Formation TN	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/03/2002	
Principal Place of Business 3570 KEITH STREET, N.W. CLEVELAND TN 37312	3. New Principal Place of Business Address	6. FEI Number 75-3079050	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

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 **SIGNATURE OF CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date 12/08/2003

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
	Please see attached Exhibit "A"		400025430524 12/11/03-01065-011 **150.00

REINSTATEMENT 2003
Handwritten initials

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 Joan E. Thurmond Date 12/5/03 Daytime Phone # (423) 473-5868

Typed or printed name of signing Managing Member/Manager Joan E. Thurmond, Assistant Secretary

M0200002314
EXHIBIT "A"

LC Healthcare Holding Company, LLC
3570 Keith Street, NW
Cleveland, TN 37312

Members

Forrest L. Preston	3570 Keith Street, NW	 Cleveland, TN 37312
Developers Investment Company II, Inc.	3570 Keith Street, NW	Cleveland, TN 37312

Officers

Chief Manager	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Vice President / Secretary / Treasurer	Angelena Y. Clayton	3570 Keith Street, NW	Cleveland, TN 37312
Vice President / Assistant Secretary	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312