APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

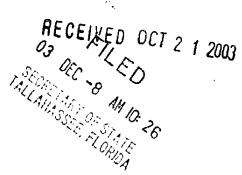
DIVISION OF CORPORATIONS

1. DOCUMENT

M02000002314

Name and Mailing Address

0016167 01 MB 0,309 **AUTO T9 0 0615 37312-430970 Indhimhallandladahaladallaladahalandla LC HEALTHCARE HOLDING COMPANY, LLC 3570 KEITH STREET, N.W. **CLEVELAND TN 37312-4309**





2. New Mailing Address				4. State/Coun	try of Formation		
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.	3. New Principa	New Principal Place of Business Address City, State, Zip		6. FEI Number 75-3079050		Applied For Not Applical	
CLEVELAND TN 37312	City, State, Zip			7. S5.00 Additional			Additional Fee requ a Certificate of State
8. Name and Address of Current Registered Agent				9. Name and	Address of New	Registered A	gent
C T CORPORATION SYSTEM			Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
lignature of legistered Agent	CONNI CONNI PEGISTERED AGEN aging Member/Manager	E BRYAN. LASSISTANT IT MUST SIGN	ESECRETAI	\$v			08/2003
10. I, being appointed the registered agent of Signature of Registered Agent	GNATSPECIAL	E BRYANS					08/2003
ignature of legistered Agent Coning B 1. Names and Street Addresses of Each Man	CONNI PAGISTERED AGEN aging Member/Manager	E BRYANG PASSISTANT IT MUST SIGN		X			
Ageistered Agent Conice B 1. Names and Street Addresses of Each Man Name of Managir	CONNI PEGISTERED AGEN aging Member/Manager ors	E BRYANG PASSISTANT IT MUST SIGN	ESECRETAI	nch nager		City / State	/ Zip
Signature of Registered Agent Conius B L1. Names and Street Addresses of Each Man Title(s) Name of Managin Members/Managin Please see attached Ex	CONNI PEGISTERED AGEN aging Member/Manager ors	E BRY AND TASSISTAN IT MUST SIGN Street Management of the Manageme	eet Address of Eaging Member/Mai	nch nager	Date	City / State	/ Zip
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Agent Coning B 1. Names and Street Addresses of Each Man Title(s) Name of Managin Members/Manage Please see attached Ex	CONNI REGISTERED AGEN aging Member/Manager ig irs	E BRY AND TASSISTAN IT MUST SIGN Street Management of the Manageme	eet Address of Eaging Member/Mai	nch nager	Date	City / State	/ Zip

Signature of Managing Member/Manage

Typed or printed name of signing Manager ,

Joan E. Thurmond, Assistant Secretary

Daytime Phone #_(423)_473-5868

Date 12/5/03_

M02Q002314

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

3570 Keith Street, NW

Cleveland, TN 37312

II, Inc.

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