

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

03 DEC 21 2003
 FILED
 RECEIVED AM 10:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000002342

Name and Mailing Address

0016169 01 MB 0.309 **AUTO T9 0 0615 37312-430970
 INVERRARY MEDICAL INVESTORS, LLC
 3570 KEITH STREET NW
 CLEVELAND OH 37312-4309

BR



2. New Mailing Address		4. State/Country of Formation TN	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/09/2002	
Principal Place of Business 3570 KEITH STREET NW CLEVELAND OH 37312	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 76-0712497 APPLIED-FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 SPECIAL ASSISTANT SECRETARY
 Date 12/08/2003
 REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Please see attached Exhibit "A"		
			000025430640 12/11/03--01065--014 **150.00
			REINSTATEMENT 2003 <i>BR</i>

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

CR2E084 (7/03)

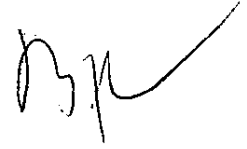
MD2000062342
EXHIBIT "A"

FILED
DEC - 8 AM 10:29
TALLAHASSEE, FLORIDA

Inverrary Medical Investors, 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
Assistant Secretary	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312