1812

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 NOV 16 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000004330

1. Entity Name
CMS OPERATIONS, LLC

Principal Place of Business	Mailing Address
11689 LACKLAND BLVD ST LOUIS, MO 63146	11689 LACKLAND BLVD ST LOUIS, MO 63146

11032004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0344418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PAYNE, C. JAMES 300 HAMILTON AVE, STE 400 PALO ALTO, CA 94301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 04
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700042781917 11/16/04--01042--017 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 11/3/04 314-432-4688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2582

CASH **MANAGEMENT SOLUTIONS**

Advanced Revenue Cycle Management

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 3, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CMS Operations, LLC

Dear Sir or Madam:

Enclosed please find our 2004 Limited Liability Company Reinstatement along with the $50 filing fee. We received notice on October 22, 2004 that CMS Operations, LLC was administratively dissolved effective September 17, 2004. The notice was the first and only indication that we had as to the dissolution.

We respectfully request that the reinstatement penalty of $100.00 be waived. We have been on time with our filings and payments to Florida in the past. We inadvertently overlooked filing our 2004 annual report and will not do so again.

Please contact me with questions or any additional information necessary to establish our account. Your prompt attention to this matter is greatly appreciated.

Sincerely,

C. Jason Payne
Managing Director, CMS Operations, LLC

Enclosures

11689 Lackland Road, St. Louis MO 63146 **tel** 800.878.6522 **fax** 314.432.6842
www.cms-group.com