

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

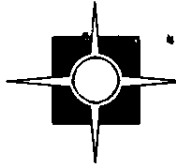
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000004330					
1. Entity Name CMS OPERATIONS, LLC					
Principal Place of Business 11689 LACKLAND BLVD ST LOUIS, MO 63146			Mailing Address 11689 LACKLAND BLVD ST LOUIS, MO 63146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	11032004 REIN-LLC CR2E101 (6/04)	
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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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		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	
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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:			11/13/04 314-432-6688		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



CASH MANAGEMENT SOLUTIONS

Advanced Revenue Cycle Management

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2582

November 3, 2004

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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