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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

2009 DEC - 1 AM 10: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mcalhoun@accenthealth.com

LIMITED LIABILITY REINSTATEMENT
ACCENTHEALTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

\$139.75

RECEIVED
09 DEC - 1 PM 12: 38
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1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2009 DEC -1 AM 10:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **W106000000653**

1. Limited Liability Company's Name

AccentHealth LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

5440 Beaumont Center Blvd

Suite, Apt. #, etc.

400

City & State

Tampa FL

Zip

33634

Country

3. Mailing Office Address

5440 Beaumont Center Blvd

Suite, Apt. #, etc.

400

City & State

Tampa FL

Zip

33634

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified To Do Business in Florida

2/6/06

6. FEI Number

26-2175579

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$599 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State FL

Zip Code 33324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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

Madonna Cuddihy

Madonna Cuddihy
Special Assistant Secretary

12/1/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Richard Ruth	5440 Beaumont Center Blvd	Tampa FL 33634
CFO	Ken Clinebell	5440 Beaumont Center Blvd	Tampa FL 33634

REINSTATEMENT 09/11/09

11. 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

Ken Clinebell

Date 12/1/09

Daytime Phone# 813-349-7100

Typed or printed name of signing Managing Member/Manager Ken Clinebell