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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A97000002111 1. Name of Limited Partnership ATC/Vancom Management Services of Pensacola, Florida Limited Partnership					
2. Principal Office Address d/o ATC/Vancom, Inc. 2015 Spring Road <small>Suite, Apt. V, etc.</small> Suite 750 <small>City & State</small> Oakbrook, Illinois <small>Zip</small> 60523 <small>Country</small> USA		3. Mailing Office Address c/o ATC/Vancom, Inc. 2015 Spring Road <small>Suite, Apt. 2, etc.</small> Suite 750 <small>City & State</small> Oakbrook, Illinois <small>Zip</small> 60523 <small>Country</small> USA		4. Date Formed or Registered To Do Business in Florida 9/22/97 5. FEI Number 36-4185621 <small>Applied For / Not Applicable</small> 6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <small>2075 Authority to Reinstatement in a Certificate of Status</small>	
7a. Capital Contributions as shown on Record \$49,500 7b. Amount of Capital Contributions in FLORIDA to date \$49,500					
8. Name and Address of Current Registered Agent <small>Name</small> CT Corporation System <small>Street Address (P.O. Box Number is Not Acceptable)</small> 1200 South Pine Island Road <small>Suite, Apt. A, Etc.</small> <small>City</small> Plantation <small>State</small> FL <small>Zip Code</small> 33324					
9. Pursuant to the provisions of sections 602.1051 and 602.1052, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with and accept the obligations of section 602.102, Florida Statutes. CONNIE BRYAN SPECIAL ASSISTANT SECRETARY <i>12/03/2003</i>					
SIGNATURE (Registered Agent Accepting Appointment) <i>Connie Bryan</i>					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
10. Name(s) of General Partner(s) ATC/Vancom, Inc.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2015 Spring Road Suite 750		City, State and Zip Code Oakbrook, Illinois 60523	
				10a. Registration Document Number: F97000000953	
REINSTATEMENT <i>DB</i> <i>OK</i>					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(2)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receive or receive compensation to execute the duties as required by Chapter 602, Florida Statutes.					
SIGNATURE <i>James Long</i>				DATE December 3, 2003	
Typed or Printed Name of General Partner Signing Form: ATC/Vancom, Inc. By: James Long Telephone Number:					