PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 OCT 17 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # F05000001942

1. Corporation Name

Pinnacle Healthcare Management, Inc.

2. Principal Office Address - No P.O. Box's	3. Mailing Office Address
1901 Butterfield Road	227 W. Monroe Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4700
City & State: Downers Grove, IL	City & State: Chicago, IL
Zip: 60615 Country: USA	Zip: 60606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/28/2005

5. FEI Number: 36-4072543 ☐ Applied for ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ [redacted]

7. Name and Address of Current Registered Agent

Name: Registered Agent Solutions
Street Address (P.O. Box Numbers Not Acceptable): 155 Office Plaza Drive
Suite, Apt. #, Etc.: Suite A
City: Tallahassee State: FL Zip Code: 32301

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *[signature] Tiana Gonzalez, Assistant Secretary* REGISTERED AGENT MUST SIGN Date: *10/16/07*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	Kush K. Agarwal	1901 Butterfield Road	Downers Grove, IL 60615
V/S/D	D. Brian McDonagh, M.D.	1901 Butterfield Road	Downers Grove, IL 60615

REINSTATEMENT 10-07

RH

10. I certify that I am an officer or director of this corporation or receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated; the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. [illegible] the name of the corporation [illegible] on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[signature] Kush K. Agarwal* Date: *10/15/07* Daytime Phone #: *630 725 9700*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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