L00000014700

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 19 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014700

1. Limited Liability Company's Name

CMS HEALTHCARE OF NEW YORK, LLC

2. Principal Office Address	3. Mailing Office Address
10008 N. DALE MABRY HIGHWAY	10008 N. DALE MABRY HIGHWAY
Suite, Apt. #, etc. SUITE 214	Suite, Apt. #, etc. SUITE 214
City & State TAMPA, FLORIDA	City & State TAMPA, FLORIDA
Zip 33618 Country USA	Zip 33618 Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business In Florida 11/29/2000

6. FEI Number 59-3685798 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: SAM D. TONEY, M.D.

Street Address (P.O. Box Number is Not Acceptable): 10008 N. DALE MABRY HIGHWAY

Suite, Apt. #, Etc.: SUITE 214

City: TAMPA | State: FL | Zip Code: 33618

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: Sam D. Toney — REGISTERED AGENT SIGN

Date: 2/18/03

CR2E041 (8/01)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SAM D. TONEY, M.D.	10008 N. DALE MABRY HY. ST 214	TAMPA, FLORIDA 33618
MGRM	SHAN PADDA	10008 N. DALE MABRY HY. ST 214	TAMPA, FLORIDA 33618

REINSTATEMENT 2001-2003 2/19 mt

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. This 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: Sam D. Toney — Date: 2/11/03 — Daytime Phone # 813 264-7577

Typed or printed name of signing Managing Member/Manager: _____

02-19-03 11:24am From-JOHNSON,BLACKELY +7727441861? T-594 P.02/02 F-474

FILED
03 FEB 19 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000051547 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

RECEIVED
03 FEB 19 PM 1:35
DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

CMS HEALTHCARE OF NEW YORK, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$255.00