

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 27 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

DASSEEE Community Health Systems, L.L.C.

9/26/03

2. Principal Office Address

23186 Blue Star Hwy

Suite, Apt. #, etc.

City & State

Quincy, Florida

Zip

Country

32353-1979

U.S.

3. Mailing Office Address

P.O. Box 1979

Suite, Apt. #, etc.

City & State

Quincy, Florida

Zip

Country

32353-1979

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2-02-2001

6. FEI Number

NAE 59-3694337

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Barrett, David A. ESQ.

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

111 S. Monroe Street

Suite, Apt. #, Etc.

Suite 3000

City

Tallahassee

State

FL

Zip Code

32301

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

David A. Barrett

Date 2-23-04

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
Mr	Mr Lake, Michael	23186 Blue Star Hwy.	Quincy, FL 32353-1979

REINSTATEMENT 2003-2004

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

Michael C. Lake

Date 2-23-2004

Daytime Phone # 850-875-1100

Typed or printed name of signing Managing Member/Manager

MICHAEL C. LAKE

CR2E041 (10/02)