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FILED
03 FEB 13 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L01000002999

1. Limited Liability Company's Name:

CMS HEALTHCARE OF GEORGIA, 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: 02/27/2001

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee

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: _____ Date: _____

REGISTERED AGENT MUST SIGN.

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

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 608.508, 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: _____ Date: 2/11/03 Daytime Phone # 813 264-7577

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

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