

L01000005278

Florida Department of State
Division of Corporations
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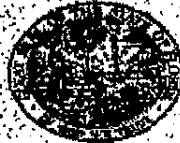
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LIMITED LIABILITY REINSTATEMENT**CMS CARE MANAGEMENT, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
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FLORIDA DEPARTMENT OF STATE

Ken DeLozier
Secretary of State

February 13, 2003

CMS CARE MANAGEMENT, LLC
10008 NORTH DALE MARRY HIGHWAY, STE 214
TAMPA, FL 33618

SUBJECT: CMS CARE MANAGEMENT, LLC
REF: 101000005278

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 30 days of your filing will be considered abandoned.

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Registration/Qualification Section
Division of Corporations Letter Number: 603A00009817

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DIVISION OF CORPORATION

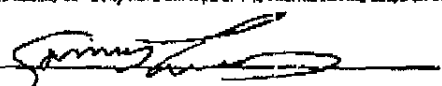
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

L01000005278

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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 # L01000005278 1. Limited Liability Company's Name CMS CARE MANAGEMENT, LLC			
2. Principal Office Address 10008 N. DALE MABRY HIGHWAY Suite, Apt. #, etc. SUITE 214 City & State TAMPA, FLORIDA Zip 33618 Country USA		3. Mailing Office Address 10008 N. DALE MABRY HIGHWAY Suite, Apt. #, etc. SUITE 214 City & State TAMPA, FLORIDA Zip 33618 Country USA	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 04/05/2001	
6. FEEL Number 59-371152		Apply For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ See 10 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 606, F.S. Signature of Registered Agent  Date 2/18/03 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Member/Managers			
Title	Name of Managing Member/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 2002, 2003			
11. I certify that I am managing member/manager or the receiver or trustee empowered to submit this application as provided for in Chapter 606, 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 606.406, 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  Date 2/11/03 Daytime Phone # 813-264-7577 Typed or printed name of signing Managing Member/Manager			