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LIMITED LIABILITY REINSTATEMENT

CMS CARE MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00

FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

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TALLAHASSEE, FLORIDA

February 13, 2003

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

SUBJECT: CMS CARE MANAGEMENT, LLC
REF: L01000005278

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax 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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

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

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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	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: 04/05/2001

6. FEI Number: 59-3711152 (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: 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: [signature] REGISTERED AGENT MUST SIGN Date: 2/18/03

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	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 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: [signature] Date: 2/11/03 Daytime Phone #: 813-264-7597

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