

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY  
Jill Smith  
Secretary of State  
DIVISION OF CORPORATE REGISTRATION

**L01000022701**

FILED

02 NOV 21 AM 9:36

1. DOCUMENT # L01000022701

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0001214 01 FP 0.352 \*\*PRSRT T4 0 0615 33021-340999



MANAGED CARE SOLUTIONS, LLC  
4600 SHERIDAN STREET  
HOLLYWOOD FL 33021-3409



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 4600 SHERIDAN STREET HOLLYWOOD FL 33021		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/28/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> Applied For Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> ATCHISON, KARA L 4600 SHERIDAN STREET, 4 FLOOR HOLLYWOOD FL 33021		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City 11/21/02--01042--003 FL Zip Code			
<b>10. 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.</b> Signature of Registered Agent <i>Kara L. Atchison</i> Date <u>10/24/02</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Kara Atchison	4600 Sheridan St.	Hollywood, FL 33021
MGR	Keith Atchison	4600 Sheridan St.	Hollywood, FL 33021

**12. 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 *Kara L. Atchison* Date 10/24/02 Daytime Phone # 954-322-6244

Typed or printed name of signing Managing Member/Manager Kara L. Atchison

CR2E084 (8/02)