

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUL -7 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000026853

1. Limited Liability Company's Name

Health Technology Services LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
4600 SW 46th Court

Suite, Apt. #, etc.

Suite 160

City & State

Ocala, FL

Zip

34474

Country

USA

3. Mailing Office Address
P O Box 773730

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34477

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

October 2002

6. FEI Number

35-3662579

☐ 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

D. Russell Locke, M.D.

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

4600 SW 46th Court

Suite, Apt. #, Etc.

Suite 160

City

Ocala

State

FL

Zip Code

34474

E-mail Address:

300209694963

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rlocke@vantagehealth.org

(To be used for future annual report notices)

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

D. Russell Locke

Date

6/29/11

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
MGRM	D. Russell Locke, M.D.	4600 SW 46th Court, Ste 160	Ocala, FL 34474
MGRM	L. H. Locke	4600 SW 46th Court, Ste 160	Ocala, FL 34474

REINSTATEMENT-2010-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

D. Russell Locke

Date

6/29/11

Daytime Phone #

352-861-2115

Typed or printed name of signing Managing Member/Manager

C.L.