Taylor Seay 8004323622 (03/03) 05/09/2018 01:48:45 PM

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000004687

1. Limited Liability Company's Name
PARTNERSINSCRIBE, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6802 Energy Court	6802 Energy Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: Sarasota, Florida
Zip: 34240 Country: US	Zip: 34240 Country: US

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: Jan 16, 2004

6. FEI Number: 20-0850160 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable) Suite:
1200 South Pine Island Road

Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: James M. Halpin Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 5/9/2018

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Origin Healthcare Solutions LLC	1095 Day Hill Road	Windsor, CT 06095
CFO	Edward Medina	6802 Energy Court	Sarasota, FL 34240
CEO	Robert Gontarek	6802 Energy Court	Sarasota, FL 34240

MAY 0 9 2018
C. CARROTHERS

11. E-mail Address: ed.medina@m3meridian.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 ... filed in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: DocuSigned by: Edward R Medina 836B8C842A534D6... Date: May 8, 2018 Daytime Phone #: 941-366-8330

Typed or printed name of signing authorized representative/member: Ed Medina

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
PARTNERSINSCRIBE, LLC

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