

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000009791**

1. Limited Liability Company's Name

TRI-COUNTY HOSPITAL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 2:56
100108710501
08/28/07--01039--007 **250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
1114-SEVENTEENTH AVENUE SOUTH

3. Mailing Office Address
1114-SEVENTEENTH AVENUE SOUTH

Suite, Apt. #, etc.
SUITE 205

Suite, Apt. #, etc.
SUITE 205

City & State
NASHVILLE, TENNESSEE

City & State
NASHVILLE, TENNESSEE

Zip
37212

Country
US

Zip
37212

Country
US

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida **02-05-2004**

6. FEI Number

☒ 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
PETER T. HOFSTRA, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
8640 SEMINOLE BOULEVARD

Suite, Apt. #, Etc.

City
SEMINOLE

State
FL

Zip Code
33772

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date **8/6/07**

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
MGR	AMERIS HEALTH SYSTEMS, LLC	1114 SEVENTEENTH AVENUE SOUTH, #205	NASHVILLE, TN 37212
			BLT

REINSTATEMENT 05-07

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 608.408, 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

Luther Ramsay

Date **8-03-07**

Daytime Phone# **615-327-4440**

Typed or printed name of signing Managing Member/Manager

Luther Ramsay