2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000015222

Entity Name: C1 HEALTH GROUP, LLC

FILED Oct 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 1207 2710 REW CIRCLE

OAKLAND, FL 34760 US STE 200 OCOEE, FL 34786

Current Mailing Address: New Mailing Address:

2710 REW CIRCLE PO BOX 1207

STE 200 US OAKLAND, FL 34760 OCOEE, FL 34786 US

FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOHAWK 3, LLC FIFTY K GROUP, LLC PO BOX 1207 2710 REW CIRCLE OAKLAND, FL 34760 US STE 200

OCOEE, FL 34786 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROGERS KIRVEN

10/02/2006 Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: MGRM (X) Change () Addition

MOHAWK 3, LLC, FIFTY K GROUP, LLC, Name: Name: Address: PO BOX 1207 Address: 2710 REW CIRCLE City-St-Zip: OAKLAND, FL 34760 US City-St-Zip: OCOEE, FL 34786 US

Title: MGRM (X) Delete Title: () Change () Addition

CUDA CAPITAL, LLC, Name: Name: Address: PO BOX 1207 Address: City-St-Zip: OAKLAND, FL 34760 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROGERS KIRVEN 10/02/2006