

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -9 PM 3:01

AP

DOCUMENT # L96000001356

1. Limited Liability Company's Name

Pinellas Health Investors, L.C.

9/29/00

2. Principal Office Address

6767 86th Avenue

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

Zip

33782

Country

U.S.A.

3. Mailing Office Address

400 Perimeter Center Terr:

Suite, Apt. #, etc.

Suite 650

City & State

Atlanta, GA

Zip

30346

Country

U.S.A.

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

12/31/96

6. FEI Number

562019038

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

208883851572-0
-03/13/01--01127--006
******205.00 ****155.00**

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

Dale H. Morris

Date **2/7/01**

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	WelCare HealthCare Acquisition Corporation	400 Perimeter Center Terrace Suite 650	Atlanta, GA 30346

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.

Signature of
Managing Member/Manager

Gracey C. Cady

Date **2/14/01**

Daytime Phone # **(770) 730-1103**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)