

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

01 OCT 22 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M00000000620**

1. Limited Liability Company's Name

HEALTH ALLIANCE, L.L.C.

REINSTATEMENT

2001

2. Principal Office Address

875 N. MICHIGAN AVE.

Suite, Apt. #, etc.

2935

City & State

CHICAGO, IL

Zip

60611

Country

USA

3. Mailing Office Address

875 N. MICHIGAN AVE.

Suite, Apt. #, etc.

2935

City & State

CHICAGO, IL

Zip

60611

Country

USA.

4. State/Country of Formation

IL/USA

5. Date Organized or Qualified
To Do Business in Florida

3/30/00

6. FEI Number

36-4174656

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

MARK LOGAN c/o SMITH, BALLARD, LOGAN

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

403 E. PARK AVENUE

600004650246--8

-10/23/01--01053--021

Suite, Apt. #, Etc.

******155.00 ****155.00**

City

TALLAHASSEE

State

FL

Zip Code

32301

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 **10/12/01**

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

member **MARK A. SWIFT**

**c/o Health Alliance, LLC
875 N. MICHIGAN AVE.
SUITE 2935**

CHICAGO, IL 60611

UP 10-22-01

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

Date **10/19/01**

Daytime Phone # **(312) 988-1772**

Typed or printed name of signing Managing Member/Manager

MARK A. SWIFT