

100000002456

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

02 JUN -4 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 100000002456

1. Limited Liability Company's Name

HT Orthotripsy Management Company, LLC

2. Principal Office Address

1841 West Oak Parkway

Suite, Apt. #, etc.

Suite A

City & State

Marietta, Georgia

Zip

30062

Country

USA

3. Mailing Office Address

1841 West Oak Parkway

Suite, Apt. #, etc.

Suite A

City & State

Marietta, Georgia

Zip

30062

Country

USA

4. State/Country of Formation

Delaware / USA

5. Date Organized or Qualified
To Do Business in Florida

12/1/00

6. FEI Number

58-2577863

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

NRAI Services, Inc.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2551

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

Ed Hand Asst. Sec.

Date

6/4/02

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 |
|-------------|--------------------------------------|--|
| <u>MGRM</u> | <u>Arjil J. Wheelock, MD</u> | <u>1841 West Oak Parkway, Ste. Marietta, Georgia 30062</u> |
| | | |
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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

Arjil J. Wheelock

Date

6/3/02

Daytime Phone #

(770) 419-0691

Typed or printed name of signing Managing Member/Manager

Arjil J. Wheelock

CR2E041 (9/01)



FILED

JUN -4 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 31, 2002

HT ORTHOTRIPSY MANAGEMENT COMPANY, LLC
1841 WEST OAK PKWY., STE. A
MARIETTA, GA 30062

SUBJECT: HT ORTHOTRIPSY MANAGEMENT COMPANY, LLC
Ref. Number: M00000002456

RECEIVED
02 JUN -4 PM 2:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

We have received your document for HT ORTHOTRIPSY MANAGEMENT COMPANY, LLC and check(s) totaling \$200.00. However, your check(s) and document are being returned for the following:

Please accept our apology for failing to mention this in our previous letter.

A LIMITED LIABILITY COMPANY MUST USE A LLC REINSTATEMENT FORM NOT A CORPORATE REINSTATEMENT.

Although section 608.4229, Florida Statutes, indicates that a limited liability company may elect or designate "officers" within the company, only managers or managing members may be listed on the attached report form pursuant to section 608.4511(1)(e), F.S. Please amend your document to reflect the names and addresses of those parties who are serving in the capacity of a manager or managing member.

Please note the letters "MGRM" must be used to identify those parties serving in the capacity of a managing member. The letters "MGR" must be used to identify those parties serving in the capacity of a manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 602A00035301



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 29, 2002

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

HT Orthotripsy Management Company, LLC

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non Profit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of RA Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|-------------------------------------|------------------|
| <input type="checkbox"/> | Annual Reports |
| <input type="checkbox"/> | Fictitious Name |
| <input checked="" type="checkbox"/> | Name Reservation |
| <input checked="" type="checkbox"/> | Reinstatement |

| REGISTRATION/QUALIFICATION | |
|----------------------------|-------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |