M00000024456

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 APR 13 AM 9:03

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M00000002456

1. Limited Liability Company's Name
HT Orthotripsy Management Company, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
11680 Great Oaks Way		11680 Great Oaks Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
350		350	
City & State		City & State	
Alpharetta, Georgia		Alpharetta, Georgia	
Zip	Country	Zip	Country
30022	USA	30022	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/01/2000

6. FEI Number: 58-2577863 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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

☐ 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: Jennifer F. Aultman Assistant Secretary Date: April 12, 2007

REGISTERED AGENT MUST SIGN

10. Name and Street Address(es) of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Christopher Cashman	11680 Great Oaks Way, Ste. 350	Alpharetta, GA 30022
MGRM	Barry Jenkins	11680 Great Oaks Way, Ste. 350	Alpharetta, GA 30022

REINSTATEMENT 2006-2007

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 upon filing this reinstatement application the period for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.508, 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: [signature] Date: 4/12/2007 Daytime Phone #: 877-677-2876

Typed or printed name of signing Managing Member/Manager: Barry J. Jenkins

FL314 - 1/07/07 CT System Online

BLT

M00000024456

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000097661 3)))

H07000097661 3ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

07 APR 13 AM 9:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
07 APR 13 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

HT ORTHOTRIPSY MANAGEMENT COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$200.00

Electronic Filing Menu Corporate Filing Menu Help