

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M01000000520

**FILED**  
**Oct 05, 2009**  
**Secretary of State**

**Entity Name:** HEALTH FACILITIES GROUP, L.L.C.

**Current Principal Place of Business:**

142 N. MOSLEY ST.  
SUITE 300  
WICHITA, KS 67202

**New Principal Place of Business:**

**Current Mailing Address:**

142 N. MOSLEY ST.  
SUITE 300  
WICHITA, KS 67202

**New Mailing Address:**

**FEI Number:** 48-1154636      **FEI Number Applied For ( )**      **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:**

KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND STREET, STE 2800  
MIAMI, FL 331312144 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:** MICHAEL KOSNITZKY, PRESIDENT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGR      ( ) Delete  
**Name:** LEWALLEN, STEPHEN L  
**Address:** 142 N. MOSLEY ST., SUITE 300  
**City-St-Zip:** WICHITA, KS 67202

**Title:** MGR      (X) Change ( ) Addition  
**Name:** LEWALLEN, STEPHEN L CEO  
**Address:** 142 N. MOSLEY ST., SUITE 300  
**City-St-Zip:** WICHITA, KS 67202

**Title:** MGR      ( ) Delete  
**Name:** WRIGHT, DAVID C  
**Address:** 142 N. MOSLEY ST., SUITE 300  
**City-St-Zip:** WICHITA, KS 67202

**Title:** MGR      (X) Change ( ) Addition  
**Name:** WRIGHT, DAVID C VP  
**Address:** 142 N. MOSLEY ST., SUITE 300  
**City-St-Zip:** WICHITA, KS 67202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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:** STEPHEN L. LEWALLEN

CEO

10/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date