JUN-09-200 ... CT CORPORATION P.02/02

M01000000759

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000000759

1. Limited Liability Company's Name
Vanguard Health of Pensacola, LLC

REINSTATEMENT 2003-2004

2. Principal Office Address	3. Mailing Office Address
2807 E. Cervantes Street	2743 Perimeter Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc. Building 200, Suite 200
City & State: Pensacola, FL	City & State: Augusta, GA
Zip: 32503 Country: USA	Zip: 30909 Country: USA

4. State/Country of Formation: Georgia

5. Date Organized or Qualified To Do Business in Florida: 04/05/2001

6. FEI Number: 58-2602215 ☐ 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: 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

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 R AULTMAN ASSISTANT SECRETARY Date 6/9/04

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Ronald R. Arrington	600 Republic Centre	Chattanooga, TN 37450

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: [signature] Date 06/07/04 Daytime Phone # 423-664-4511

Typed or printed name of signing Managing Member/Manager: Ronald R. Arrington

CR2E041 (10/02)

TOTAL P.02

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

VANGUARD HEALTH OF PENSACOLA, LLC

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