PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000110837573O
08/21/07--01026--023 **305.00

CR2E041 (1/07)

DOCUMENT # M02000001460

1. Limited Liability Company's Name

Orlando Interim Healthcare Company LLC

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 1201 S. Orlando Ave. | | 1201 S. Orlando Ave. | |
| Suite, Apt. #, etc. Suite 300 | | Suite, Apt. #, etc. Suite 300 | |
| City & State Winter Park, FL | | City & State Winter Park, FL | |
| Zip 32789 | Country USA | Zip 32789 | Country USA |

4. State/Country of Formation Delaware

5. Date Organized or Qualified To Do Business in Florida 6/6/02

6. FEI Number 41-2037416 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: Cathy Semyck

Street Address (P.O. Box Number is Not Acceptable): 1201 S. Orlando Ave.

Suite, Apt. #, Etc.: Suite 300

City: Winter Park, FL State: FL Zip Code: 32789

☐ 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: Cathy Semyck Date: 8/15/07
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 | City / State / Zip |
|---|---|---|---|
| MGR | Cathy Semyck | 1201 S. Orlando Ave., Suite 300 | Winter Park, FL 32789 |
| MGR | Donna Smargon | 1201 S. Orlando Ave., Suite 300 | Winter Park, FL 32789 |
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REINSTATEMENT 08-07

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 608.408, 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: Cathy Semyck Date: 8/15/07 Daytime Phone #: 407-740-5284

Typed or printed name of signing Managing Member/Manager: Cathy Semyck, Manager