2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
04 NOV -8 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000002148

1. Entity Name
ACUMED LLC

Principal Place of Business	Mailing Address
ONE NORTH FRANKLIN, SUITE 2420 CHICAGO, IL 60606	ONE NORTH FRANKLIN, SUITE 2420 CHICAGO, IL 60606

10252004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 11-3660846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAP HOLDING LLC ONE NORTH FRANKLIN, SUITE 2420 CHICAGO, IL 60606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000042558730
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2004
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ Louhon Tucker (312) 980-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CORPORATION SERVICE COMPANY®

M03000002148

ACCOUNT NO. : 072100000032

REFERENCE : 958846 4805290

AUTHORIZATION : Patricia Pruitt

COST LIMIT : $ 150.00

ORDER DATE : November 5, 2004

ORDER TIME : 9:50 AM

ORDER NO. : 958846-005

CUSTOMER NO: 4805290

CUSTOMER: Ms. Gail E. Sroufek
Sachnoff & Weaver, Ltd.
Suite 2900
30 South Wacker Drive
Chicago, IL 60606

FILED
04 NOV -8 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: ACUMED LLC

RECEIVED
04 NOV -8 AM 10:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____