Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

Please check on this sent 6/14

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RE-SUBMIT
Please retain original filing date of submission 6/14

RECEIVED
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
HOSPISCRIPT SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$932.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M03000003159

1. Limited Liability Company's Name
HOSPISCRIPT SERVICES, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
800 King Farm Blvd.		800 King Farm Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4th Fl		4th Fl	
City & State		City & State	
Rockville, MD		Rockville, MD	
Zip	Country	Zip	Country
20850	USA	20850	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 9/24/2003

6. FEI Number
20-0212381
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Amendment fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

E-mail Address:
dareth.jeffers@wolterskluwer.com
(To be used for future annual report notices)

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 _____ Date 6/14/2011
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	David Blair	800 King Farm Blvd., 4th FL	Rockville, MD, 20850
MGR	Hai Tran	800 King Farm Blvd., 4th FL	Rockville, MD, 20850

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 5-18-11 Daytime Phone # 301-548-2900

Typed or printed name of signing Managing Member/Manager Hai Tran

FL110 - 01/19/2011 CT System Online

June 20, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOSPISCRIPT SERVICES, LLC
648 S PERRY STREET
MONTGOMERY, AL 36104

SUBJECT: HOSPISCRIPT SERVICES, LLC
REF: M03000003159

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H11000157520
Letter Number: 611A00014857