PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 MAY 10 PM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M04000000414

1. Limited Liability Company's Name
Sterling Group Physician Services, LLC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1000 Park Forty Plaza	1000 Park Forty Plaza
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Durham, North Carolina	City & State: Durham, North Carolina
Zip: 27713 Country:	Zip: 27713 Country:

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 1/30/2004 FL

6. FEI Number: 20-0641704 ☐ 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 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☒ 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: [signature] ALLAN FARNELL Date: 4-23-07
REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY

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
MGRM	Sterling Group Holdings, LLC	1000 Park Forty Plaza, Ste 500	Durham NC 27713

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05/21/07--01015--008 **150.00

REINSTATEMENT 05-07

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 608.406, 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: 4-23-07 Daytime Phone #: 919-383-0355

Typed or printed name of signing Managing Member/Manager: JAMES M. DOUTHITT