

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M04000003057

10 SEP 20 PM 4 55
DIVISION OF CORPORATIONS
SECRETARY OF STATE

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000003057

1. Limited Liability Company's Name

Correct Care Solutions, LLC

BK

05

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
3343 Perimeter Hill Drive

3. Mailing Office Address
(same)

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Nashville, TN

City & State

Zip

37219

Country

USA

Zip

Country

4. State/Country of Formation

Kansas/USA

5. Date Organized or Qualified

To Do Business in Florida 7/30/2004

6. FEI Number

32-0092573

☐ 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
Jon Bosch

Street Address (P.O. Box Number is Not Acceptable)

5860 NE 14th Way

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33334

000184375580

09/20/10--01048--001 **139.75

000184375580

09/16/10--01042--016 **817.75

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

Jon Bosch

REGISTERED AGENT MUST SIGN

Date 8-11-10

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	Gerard Boyle	3343 Perimeter Hill Drive, Suite 300	Nashville, TN 37211

REINSTATEMENT 2005-2010

932.50

11. E-mail Address: iwilliams@ccsks.com

(To be used for future annual report notifications)

12. 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

Gerard Boyle

Date 8-11-10

Daytime Phone # 615 324 5750

Typed or printed name of signing Managing Member/Manager Gerard Boyle, Manager