

M 04000003335

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED
05 NOV -7 PM 1:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AKL

200061253952

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000003335

1. Limited Liability Company's Name

PROVIDERS FIRST PPO, LLC

2. Principal Office Address

1400 RENAISSANCE DRIVE

Suite, Apt. #, etc.

SUITE 400

City & State

PARK RIDGE, ILLINOIS

Zip

60068

Country

UNITED STATES

3. Mailing Office Address

1400 RENAISSANCE DRIVE

Suite, Apt. #, etc.

SUITE 400

City & State

PARK RIDGE, ILLINOIS

Zip

60068

Country

UNITED STATES

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified To Do Business in Florida

AUGUST 16, 2004

6. FEI Number

36-4403453

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

CORPORATION SERVICE COMPANY

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

1201 HAYES STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code
32301

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

Cynthia L. Harris
Cynthia L. Harris
as its agent

REGISTERED AGENT MUST SIGN

Date

11/7/05

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	THOMAS H. STATEMAN	1400 RENAISSANCE DR., STE 400	PARK RIDGE, ILLINOIS 60068

REINSTATEMENT 2005

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 808.406, 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

Thomas H. Stateman

Date

11/10/05

Daytime Phone # (847) 824-5510

Typed or printed name of signing Managing Member/Manager

THOMAS H. STATEMAN, MANAGER



CORPORATION SERVICE COMPANY

M05000003335

ACCOUNT NO. : 072100000032

REFERENCE : 693319 4806071

AUTHORIZATION :

COST LIMIT : \$ 155.00

Patricia Pizeto

ORDER DATE : November 7, 2005

ORDER TIME : 3:44 PM

ORDER NO. : 693319-005

CUSTOMER NO: 4806071

REINSTATEMENT

NAME: PROVIDERS FIRST PPO, LLC

XX REINSTATEMENT

11/7

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK