2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 15 AM 9:21

DOCUMENT # M04000004296

1. Entity Name
SUMMIT MEDICAL PROPERTY, LLC

Principal Place of Business	Mailing Address
640 N. OLD WOODWARD, SUITE 302 BIRMINGHAM, MI 48009	640 N. OLD WOODWARD, SUITE 302 BIRMINGHAM, MI 48009

11292006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
31000 Northwestern Highway	31000 Northwestern Highway
Suite, Apt. #, etc.: Suite 220	Suite, Apt. #, etc.: Suite 220
City & State: Farmington Hills, MI	City & State: Farmington Hills, MI
Zip: 48334 Country: USA	Zip: 48334 Country: USA

4. FEI Number: 74-3130683 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRASHER, JOHN
8801 RIVER CROSSING BOULEVARD
NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent

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 ________ 12-5-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2007, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RUBIN, DAVID C 640 N. OLD WOODWARD, SUITE 302 BIRMINGHAM, MI 48009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Rubin, David C. 31000 Northwestern Highway, Suite 220 Farmington Hills, MI 48334 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300082584743 12/18/06--01008--001 **50.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ________ 12-5-06 (248) 538-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #