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

From:
Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 071005001001
Phone : (727)441-8966
Fax Number : (727)442-8470

LIMITED LIABILITY REINSTATEMENT

MORTON PLANT GAMMA KNIFE, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$382.50

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T. HAMPTON
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000000786

1. Entity Name
MORTON PLANT GAMMA KNIFE, L.L.C.

Principal Place of Business	Mailing Address
1522 W. MORRIS STREET, SUITE 200 INDIANAPOLIS, IN 46221	1522 W. MORRIS STREET, SUITE 200 INDIANAPOLIS, IN 46221

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3037 S. Meridian St.	3037 S. Meridian St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indianapolis, IN	City & State: Indianapolis, IN
Zip: 46217 Country: USA	Zip: 46217 Country: USA

[redacted]

08112008 REIN-LLC CR2E101 (1/07)

4. FEI Number: 20-1083721 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C JR ESQ
INTERVEST BANK BUILDING
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $377.50

Make checks payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR U.S. MEDICAL NEUROSCIENCE INVESTMENTS, LLC 1522 W MORRIS STREET, SUITE 200 INDIANAPOLIS, IN 46221 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3037 S. Meridian St. Indianapolis, IN 46217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2007-2008 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 manager or managing member of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: John M. Hahn 8/18/08 317-663-0384
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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