PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 APR 14 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHA

CR2E041 (1/14)

DOCUMENT # M05000004077

1. Limited Liability Company's Name

Quantum Management, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2700 Westside Drive	2700 Westside Drive
Suite, Apt. #, etc. ~~103~~ 309	Suite, Apt. #, etc. ~~103~~ 309
City & State Cleveland, TN	City & State Cleveland, TN
Zip / Country 37312	Zip / Country 37312

4. State/Country of Formation
Tennessee

5. Date Organized or Qualified To Do Business in Florida
07/15/05

6. FEI Number
62-1856561
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name
David ~~VanLoon~~ VanLoon

Street Address (P.O. Box Number is Not Acceptable)
3158 Northside Drive

Suite, Apt. #, Etc.

City	State	Zip Code
Key West	FL	33040

200258935362
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 4-3-14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Gary Voytik, DO	2700 Westside Dr, Ste ~~103~~ 309	Cleveland, TN 37312
MGRM	Rickey Hutcheson, DO	2700 Westside Dr, Ste ~~103~~ 309	Cleveland, TN 37312
			S. HAWKES
	REINSTATEMENT		APR 14 A.M.
	2007-2014		EXAMINER

11. E-mail Address: beverly@voytik.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 4-3-14 Daytime Phone # (423)479-8600

Typed or printed name of signing Authorized Representative/Manager Gary Voytik, DO