
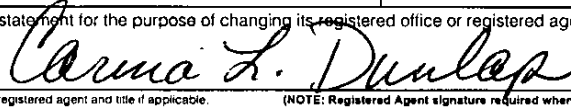



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000001717			
1. Entity Name BAMBOO HEALTH SERVICES, LLC			
Principal Place of Business 4165 WESTPORT ROAD, SUITE 204 LOUISVILLE, KY 40207		Mailing Address 4165 WESTPORT ROAD, SUITE 204 LOUISVILLE, KY 40207	
2. Principal Place of Business - No P.O. Box # 4500 Bowling Blvd Suite, Apt. #, etc. <u>Suite 200</u>		3. Mailing Address 4500 Bowling Blvd Suite, Apt. #, etc. <u>Suite 200</u>	
City & State Louisville KY		City & State Louisville KY	
Zip 40207		Country USA	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST City TALLAHASSEE FL Zip Code 32301	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> Carina L. Dunlap Asst. Vice President 01/28/08 </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> </div> </div>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDICAL MULTIPLEX, INC. 4165 WESTPORT ROAD, SUITE 204 LOUISVILLE, KY 40207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Medical Multiplex, Inc 4500 Bowling Blvd Suite 200 Louisville, KY 40207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700116244607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REINSTATEMENT 2007-2008			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		JAMES M. TYLER, COO/CEO <small>Date</small> 561-994-1174	

FILED

08 JAN 28 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11162007 REIN-LLC CR2E101 (1/07)

4. FEI Number **20-4549293** Applied For ☐ Not Applicable ☒

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



CORPORATION SERVICE COMPANY

M06000001717

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 419319 7110150

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 200.00

ORDER DATE : January 28, 2008

377.50

ORDER TIME : 10:22 AM

ORDER NO. : 419319-005

CUSTOMER NO: 7110150

REINSTATEMENT FILING

NAME: BAMBOO HEALTH SERVICES, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS: _____

BK