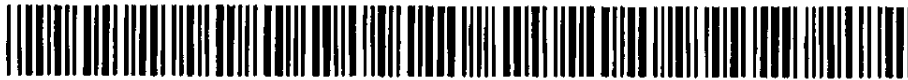


**M100000000754**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000243016 3)))



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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

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

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

FILED  
11 OCT -6 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

11 OCT -6 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY REINSTATEMENT  
LIFE CARE PHYSICIAN SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 OCT -6 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M1000000754

1. Limited Liability Company's Name

Life Care Physician Services, LLC

2. Principal Office Address - No P.O. Box #  
3570 Keith Street, NW

Suite, Apt. #, etc.

City & State

Cleveland, TN

Zip

37312

Country

Bradley

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation  
Tennessee

5. Date Organized or Qualified  
To Do Business in Florida 2/10/2010

6. FEI Number  
27-1882094

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 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

E-mail Address:

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and agree to the obligations of Chapter 608, F.S.

Signature of

Registered Agent

*Connie Bryan*

Connie Bryan

Assistant Secretary

Date 10/6/11

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
CM	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
VP/Sec	JoAnna Crooks	3570 Keith Street, NW	Cleveland, TN 37312
AS	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
AS	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312
CTO	Richard Swanker	3570 Keith Street, NW	Cleveland, TN 37312

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 608.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.166, F.S.

Signature of Managing  
Member/Manager

*Joan E. Thurmond*

Date 10/6/11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Joan E. Thurmond