2014 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 01, 2014
Secretary of State

DOCUMENT# M12000005211

Entity Name: PATIENTMATTERS, LLC

Current Principal Place of Business:

500 S MAGNOLIA AVE
ORLANDO, FL 32801

New Principal Place of Business:

518 S MAGNOLIA AVE
SUITE 300
ORLANDO, FL 32801

Current Mailing Address:

500 S MAGNOLIA AVE
ORLANDO, FL 32801

New Mailing Address:

518 S MAGNOLIA AVE
SUITE 300
ORLANDO, FL 32801

FEI Number: 45-4351760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JORDAN BROWN

Electronic Signature of Registered Agent — Date

AUTHORIZED PERSONS:

Title: MGR
Name: BAZOS, FRANK
Address: 518 S MAGNOLIA AVE, SUITE 300
City-St-Zip: ORLANDO, FL 32801

Title: CEO
Name: SCHWEITZER, SHEILA
Address: 518 S MAGNOLIA AVE, SUITE 300
City-St-Zip: ORLANDO, FL 32801

Title: MGR
Name: LALONDE, CHRISTOPHER
Address: 518 S MAGNOLIA AVE, SUITE 300
City-St-Zip: ORLANDO, FL 32801

Title: CFO
Name: CHUNN, PATRICK
Address: 518 S MAGNOLIA AVE, SUITE 300
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statues.

SIGNATURE: PATRICK CHUNN CFO 12/01/2014

Electronic Signature of Authorized Person — Date