PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 DEC 27 AM 8:12

600293638896

DEC 27 2016

L BERGER

DOCUMENT # M14000000192

1. Limited Liability Company's Name
SAFE SEDATION MANAGEMENT LLC

CR2E041 (1/14)

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 4330 EAST WEST HWY | | 4330 EAST WEST HWY | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| STE 1100 | | STE 1100 | |
| City & State | | City & State | |
| BETHESDA, MD | | BETHESDA, MD | |
| Zip | Country | Zip | Country |
| 20814 | USA | 20814 | USA |

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 20-3329967 ☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 HAYS STREET

Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| TALLAHASSEE | FL | 32301 |

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 M Zender REGISTERED AGENT MUST SIGN Melissa Zender Asst. Vice President Date 12/27/16

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 |
|---|---|---|---|
| CFO | Steven Field | 4330 EAST WEST HWY STE 1100 | BETHESDA, MD 20814 |
| MGR | JOSEPH I DAVIS | 4330 EAST WEST HWY STE 1100 | BETHESDA, MD 20814 |
| MGR | John Walton | 4330 EAST WEST HWY STE 1100 | BETHESDA, MD 20814 |
| MGR | RENNYGRIFFITH MD | 4330 EAST WEST HWY STE 1100 | BETHESDA, MD 20814 |
| | REINSTATEMENT | | |
| | 2016 | | |

11. E-mail Address: Finance@SafeSedation.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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Steven Field Date 12/23/2016 Daytime Phone # 240-800-5280

Typed or printed name of signing authorized representative/member Steven Field

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 437371 7506499

AUTHORIZATION :

COST LIMIT : $ 238.75

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ORDER DATE : December 23, 2016

ORDER TIME : 9:41 AM

ORDER NO. : 437371-015

CUSTOMER NO: 7506499

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REINSTATEMENT

NAME: SAFE SEDATION MANAGEMENT LLC

RECEIVED
16 DEC 27 AM 11:36
SUPERVISOR OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS _____