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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2024 MAR 13 PM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14000004308

1. Limited Liability Company's Name
U.S. Medical Management, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
500 Kirts Blvd.	500 Kirts Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Troy, MI	City & State: Troy, MI
Zip: 48084 Country: USA	Zip: 48084 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 6/18/2014 300446607173

6. FEI Number: 99-3561986 ☐ 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: Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite: 515 E. Park Ave., 2nd FL

Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 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: Kim Tadlock Kim Tadlock, as Asst. Secretary Date: 3/12/2025

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
CEO	Matt Chance	500 Kirts Blvd.	Troy, MI 48084
CFO	Zack Mulligan	500 Kirts Blvd.	Troy, MI 48084
Authorized Officer	Alex Sozdatelev	500 Kirts Blvd.	Troy, MI 48084
Authorized Officer	Karey Witty	500 Kirts Blvd.	Troy, MI 48084

11. E-mail Address: usmmlegal@harmonycares.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: Alex Sozdatelev 3/12/2025 Date Daytime Phone # 248-824-6000

Typed or printed name of signing authorized representative/member: Alex Sozdatelev, Authorized Officer

M. MOON
MAR 13 2025

CAPITOL SERVICES

Filing Cover Sheet

Sunbiz Prepaid Account # I20160000017

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 3/13/2025

Trans#: 1541713

Entity Name: U.S. MEDICAL MANAGEMENT, LLC - M14000004308

Articles of Organization ( )	Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion ( )	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement (XXX)	Withdrawal / Cancellation ( )
Other ( )	Partnership Registration ( )

STATE FEES PREPAID WITH attached check # 4376 **in the amount of** $516.25

RECEIVED
2025 MAR 13 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE RETURN:

Certified Copy ( ) **Plain Stamped Copy (xxx)**

Good Standing ( ) **Certificate of Fact ( )**