Kim Tadlock 8004323622 (02/03) 07/16/2018 11:59:24 AM

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

RMS NASHVILLE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25

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18 JUL 16 PM 9:50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000006651

1. Limited Liability Company's Name
RMS Nashville, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2001 Mallory Lane	201 E. Kennedy Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 700
City & State	City & State
Franklin, TN	Tampa, FL
Zip / Country	Zip / Country
37067 / USA	33602 / USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 9/23/2016

6. FEI Number: 47-1667809 ☐ 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 East Park Avenue

Apt. #, Etc.: 2nd Floor

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, Asst Sect on behalf of Capitol Corporate Services, Inc. Date: 7/16/18

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CEO	James St. Louis III	201 E. Kennedy Blvd., Suite 700	Tampa, FL 33602

11. E-mail Address: jdaniel@myregenmed.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: [signature] Date: 7/13/18 Daytime Phone #: 855-469-5864

Typed or printed name of signing authorized representative/member: James St. Louis

K. ASHTON

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