PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS

17 FEB 16 PH 12: 54

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DOCUMENT	Г# M1500000839	98				7	Dr	0029563525
1. Limited Liability Co	· · · · · · · · · · · · · · · · · · ·					ł		-023563525
	ealth investors, LL	c						
r unta Gorda (n	editi investors, EEV	U						
2 7: 1 1 0 7: 1	odress - No P.O. Box#					4	o mar	
2. Principal Office A 1300 Spring Str	,	3. Meiling Office Address 1300 Spring Street Suite, Apt. #, etc. Suite 205 City & State			CR2E041 (1/14) 4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida October 20, 2015 6. FEI Number			
Suite, Apt. #, etc. Suite 205 City & State								
								Suite 205
								-
Silver Spring, M		Silver Sprii	ng, MD	Cou		<u> </u>	·	Not Applicable
20910 Country USA		20910	1 '		•	7. CERTIFICATE OF	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee region a certificate of statu	
	8. Name and Add	Irese of Current Region	stered Age	nt		-		
Name						-		I
Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street						_		
Apt. #, Etc.					· · · · · · · · · · · · · · · · · · ·	_		
City		·				-		
City				State	Zip Code	Į.		
Tallahassee	and the project and second of the	a share year of limited		FL	32301	nest the obligation	of Charter FOE	: cc
Tallahassee	ed the registered agent of th	ne above named limited REGISTERED AGEN	liability com	FL pany, s	32301	Zender	of Chapter 605	2/16/17
Tallahassee 9. I, being appoint Signature of Registered Agent	ed the registered agent of the	REGISTERED AGEN	liability com	FL pany, s	32301 m familiar with and so Melissa	Zender		2/16/17
Tallahassee 9. I, being appoint Signature of Registered Agent	14.7	REGISTE RED AGEN	liability com	FL peny, a	32301 m familiar with and so Melissa	Zender President		City / State / Zip
Fallahassee 9. I, being appoint Signature of Rogistered Agent 10. Names and Street	nt Addresses of Authorized R Name of Authorized Representa	REGISTERED AGEN	liability com	FL peny, a	m familiar with and ac Melissa A Asst. Vice	Zender President	Date	2/14/17
9. I, being appoint Signature of Registered Agent 10. Names and Street	nt Addresses of Authorized R Name of Authorized Representa Managers	REGISTERED AGEN	liability com	FL peny, a	m familiar with and ac Melissa ASSt. Vice	Zender President	Date	2/10/17 City/State/Zip
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Fallahassee 9. I, being appoint Signature of Registered Agent 10. Names and Stree Titles Member 11. E- mail Address:	Name of Authorized R. Name of Authorized Representa Managers. Daniel Castleb	REGISTERED AGEN Representatives/Managen titives/ perry	It MUST SIGN	Plany, a	32301 m familiar with and ac Melissa A Sst. Vice: Street Address of Each thorized Representat Manager Spring Street, Sui	Zender President	Silv	City/State/Zip
9. I, being appoint Signature of Registered Agent 10. Names and Stree Titles Member 11. E-mail Address: 12. I certify that when fill 605.0012, F.S., and shall have the same	Addresses of Authorized R. Name of Authorized Representa Managers. Daniel Castleb deastleberry@mer an authorized representating this reinstatement applicit that all fees owed by the litelal effect as if made und	REGISTERED AGEN Representatives/Manager strives/ Derry ridiansenior.com tive/ manager or the re- strive/ manager or the re- strive/ manager or de- timited liability company	It MUST SIGN To be used to ceiver or fr. sacution has a have been	FL At 1300	32301 m familiar with and ac Melissa A Asst. Vice: Street Address of Each thorized Representat Manager Spring Street, Sui eliminated, the limit The information India	Zender President ive/ te 205 a this application a collability comparated on this applic	Silv s provided for i	City / State / Zip Per Spring, MD 20910 In Chapter 605, F.S. further is the requirement of section if accurate, and my signature
allahassee 9. I, being appoint Signature of Registered Agent 10. Names and Stree Titles Member 11. E-mail Address: 12. I certify that I am certify that who file 605.0012, F.S., and shall have the same felony as provided for	Addresses of Authorized R. Name of Authorized Representa Managers. Daniel Castleb dcastleberry@mer. an authorized representation of this reinstatement applicits that all fees owed by the li	REGISTERED AGEN Representatives/Manager strives/ Derry ridiansenior.com strive/ manager or the re- cation the reason for di- minted liability company der oath. I am aware the	To be used to have been not false info	Pany, a All 1300	32301 In familiar with and ac Melissa A St. Vice: Street Address of Each thorized Representat Manager Spring Street, Suite almost report not fication and the information indices a submitted in a doc 2 2/1	Zender President ive/ te 205 e this application a sed liability comparated on this applicument to the Depa	s provided for i	City / State / Zip ver Spring, MD 20910 In Chapter 605, F.S. further is the requirement of section if accurate, and my signature

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : _512628/

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE: February 15, 2017

ORDER TIME : 9:45 AM

ORDER NO. : 512628-010

CUSTOMER NO: 4311863

REINSTATEMENT

NAME: PUNTA GORDA HEALTH INVESTORS,

LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

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CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS