FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # M96000000117

Simmonds Healthcare L.L.C.
1501 Johnson Ferry Rd
#150
Marietta GA 30062

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
1501 Johnson Ferry Rd
#150
Marietta GA 30062

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
		12/21/95	WA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
		91 1706739	☐ Not Applicable
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired
		1996	☐
Zip / Country	Zip / Country		

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Rd Plantation, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City: FL — Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Vicky Goldstein — REGISTERED AGENT MUST SIGN

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY Date 3/9/98

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Michael L. Griffin	1501 Johnson Ferry Rd #150	Marietta GA 30062

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REINSTATEMENT 97-98
dcc

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager Michael L. Griffin Date 2/09/98 Daytime Phone # 770 973-4404

Typed or printed name of signing Managing Member/Manager Michael L. Griffin

CR2E041 10/97