

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 30 AM 8:34

DOCUMENT # 119700000456

1. Limited Liability Company's Name

Prime Care Two, LLC

2. Principal Office Address

1 North Pennsylvania St.

Suite, Apt. #, etc.

1000

City & State

Indianapolis, IN

Zip

46204

Country

USA

3. Mailing Office Address

1 North Pennsylvania St.

Suite, Apt. #, etc.

1000

City & State

Indianapolis, IN

Zip

46204

Country

USA

4. State/Country of Formation

Indiana / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

35-2010922

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

C.T. Corporation

Street Address (P.O. Box Number is Not Acceptable)

3200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-21-99

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------------------|--------------------------------------|---|-------------------------------|
| <u>mgr</u> | <u>Jay Hicks</u> | <u>1N. Pennsylvania, # 1000</u> | <u>Indianapolis, IN 46204</u> |
| <u>mgr</u> | <u>Arnold Whitman</u> | <u>" " " "</u> | <u>" " " "</u> |
| <u>mgr</u> | <u>Robert Davies</u> | <u>" " " "</u> | <u>" " " "</u> |
| <u>mgr</u> | <u>Tom Phillippe, Jr.</u> | <u>Double T Ranch, Box 1244 ^{RK. 2}</u> | <u>Lutopia, TX 78884</u> |
| REINSTATEMENT | 1999 | | |

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

[Signature]

Date

10-27-99

Daytime Phone #

317-630-3156

Typed or printed name of signing Managing Member/Manager

Jay L. Hicks