LIMITED LIABILITY COMPANY REINSTATEMENT

2000-2001

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

FILED
01 JAN 24 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/24

DOCUMENT # M97000000436

1. Limited Liability Company's Name
PRIME CARE TWO, L.L.C.

2. Principal Office Address	3. Mailing Office Address
1 North Pennsylvania Street,	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1000	
City & State	City & State
Indianapolis, IN	
Zip / Country	Zip / Country
46204-3114	

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 7/23/1997

6. FEI Number 352016922 ☐ 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

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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 Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date 1/24/01
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Hicks, Jay L	1 North Pennsylvania Street	Indianapolis IN 46204-3114
MGRM	Davies, Robert N	1 North Pennsylvania Street	Indianapolis, IN 46204-3114
MGRM	Whitmen, Arnold M	1 North Pennsylvania Street	Indianapolis,IN 46204-3114
MGR	Phillipe, Thomas E Jr.	Double T Ranch, Rt. 2, Box 1244	Utopia, TX 78884
	REINSTATEMENT		2000 - 2001

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 608.405, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 1.23.01 Daytime Phone # 941-927-5610

Typed or printed name of signing Managing Member/Manager Robert N. DAVIES