

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Renal Care Network of South Florida, LLC
10810 W. Collins Ave.
Lakewood, CO 80215

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

same as above

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

DE

**5. Date Organized or Qualified
To Do Business in Florida**

8/29/97

6. FEI Number

52-1923932

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

Corporation Service Company

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

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

000003197020-5
-04/05/00-01077-002
*****200.00 *****200.00

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

3-24-2000

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
MGRM	Stemmer, Craig MD	2900 N. Military Trail	Boca Raton, FL
MGRM	Feinroth, Martin MD	1150 N. 35th Ave., Suite 240	Ft. Lauderdale, FL
MGRM	Loewenherz, James MD	9000 SW 07 Court, Suite 215	Miami, FL 33176
MGR	Levy, Ralph Z. Jr.	1919 Charlotte Ave.	Nashville, TN 37203
MGR	Gauger, Brian	1919 Charlotte Ave.	Nashville, TN 37203

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

3/24/00

Daytime Phone #

615-320-4460

Typed or printed name of signing Managing Member/Manager

Ralph Z. Levy, Jr.