

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

APPROVED
AND
FILED
01 AUG 21 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000073

1. Limited Liability Company's Name

UMS Lithotripsy Management, LLC

REINSTATEMENT

2000-
2001

2. Principal Office Address

One Technology Drive

Suite, Apt. #, etc.

3rd Floor

City & State

Westborough, MA

Zip

01581

Country

USA

3. Mailing Office Address

One Technology Drive

Suite, Apt. #, etc.

3rd Floor

City & State

Westborough, MA

Zip

01581

Country

USA

4. State/Country of Formation

TN

5. Date Organized or Qualified
To Do Business in Florida

1/22/98

6. FEI Number

621727892

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

CT Corporations System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

600004553146--8

-08/24/01--01009--002

*****150.00 *****150.00

600004553146--8

-08/24/01--01009--003

*****50.00 *****50.00

State

FL

Zip Code

33325

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

REGISTERED AGENT MUST SIGN

Date 8/21/01

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 |
|--------|--------------------------------------|---|-----------------------|
| MGR | Jorgen Madsen | One Technology Drive 3rd Floor | Westborough, MA 01581 |
| | | | 600004553146--8 |
| | | | -08/24/01--01009--004 |
| | | | *****5.00 *****5.00 |
| | | | |
| | | | |
| | | | |
| | | | |

JD
8-22-01

11. I certify that I am managing member/manager of 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 608.408, 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

Jorgen Madsen

Date

Daytime Phone #

(508) 876-6565

Typed or printed name of signing Managing Member/Manager

Jorgen Madsen, Chief Manager

CR2E041 (9/00)