

M98000000073

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 26 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000073

1. Limited Liability Company's Name

UMS Lithotripsy Management, LLC

10/4/02

B/K

2. Principal Office Address

1500 West Park Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 390

Suite, Apt. #, etc.

City & State

Westborough, MA

City & State

Zip

01581

Country

Zip

Country

4. State/Country of Formation

TN

5. Date Organized or Qualified
To Do Business in Florida

1/22/98

6. FEI Number

69-1727892

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 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

6008318646

04/06/04--01024--026

*2302.50

6008318646

04/06/04--01024--028

*8.75

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

Carmela Rypus

Date

3/26/04

REGISTERED AGENT MUST SIGN

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	1500 West Park Drive, Suite 390	Westborough, MA 01581

REINSTATEMENT

2002-2004

PR

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

Jorgen Madsen

Date

3/25/04

Daytime Phone#

(800) 516-9425

Typed or printed name of signing Managing Member/Manager

Jorgen Madsen

CR2004 (10/02)