
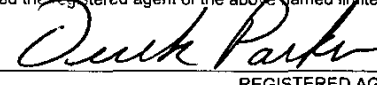
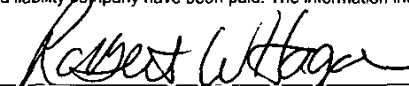


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|---|-----------------------------------|---|---|
| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # M99000000312 | | | |
| 1. Limited Liability Company's Name Prime Health Care Capital, LLC | | | |
| 2. Principal Office Address 210 S. Parsons Ave Suite, Apt. #, etc. 12 City & State Brandon, FL Zip 33511 Country USA | | 3. Mailing Office Address 210 S. Parsons Ave Suite, Apt. #, etc. 12 City & State Brandon, FL Zip 33511 Country USA | |
| 4. State/Country of Formation GA | | 5. Date Organized or Qualified To Do Business in Florida 6/99 | |
| 6. FEI Number 58-2449276 | | Applied For Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$5.00 Additional Fee required for a Certificate of Status | |
| 8. Name and Address of Current Registered Agent | | | |
| Name Derek Parker | | | |
| Street Address (P.O. Box Number is Not Acceptable) 210 S. Parsons Ave, Suite 12 | | | |
| Suite, Apt. #, Etc. | | | |
| City Brandon | | State FL | Zip Code 33511 |
| 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  | | Date 11/20/00 | |
| 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 |
| MM | Robert Hagan | 16 Norcross Street Suite 50-B | Roswell, GA 30075 |
| | | | 700003491677--8 -12/08/00--01045--006 ****150.00 ****150.00 |
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| 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  | | Date 11/24/00 | |
| Daytime Phone # | | 770-993 4000 | |
| Typed or printed name of signing Managing Member/Manager Robert Hagan | | | |

FILED
00 NOV 27 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

CR2E041 (9/00)