## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

` **=** ---

120 120 130

N,

LIMITED LIABILITY COMPANY REINSTATEMENT  SECRETARY OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS  DOCUMENT # M99000000312  1. Unused Liability Company's Name Prime Health Care Capital, LLC  2. Principal Office Address 210 S. Parsons Ae 210 S. Parsons Ac. 3. Mailing Office Address 210 S. Parsons Ae 210 S. Parsons Ac. 3. Mailing Office Address 210 S. Parsons Ae 210 S. Parsons Ac. 3. Mailing Office Address 210 S. Parsons Ae 210 S. Parsons Ac. 3. Mailing Office Address 210 S. Parsons Ae 210 S. Parsons Ac. 3. Mailing Office Address 210 S. Parsons Ae 210 S. Parsons Ac. 3. Mailing Office Address 210 S. Parsons Ae 210 S. Parsons Ac. 3. Mailing Office Address 4. Mailing Office Address 3. Mailing Office Address 3. Mailing Office Address 4. Mailing Office Address 3. Der Diggerors 4. Mailing Office Address 4. Mailing Office Address 5. Deer Diggerors of Condition 3. Der Marsons 4. Mailing Office Address 4. Mailing Office Address 5. Deer Diggerors 6. Deer Diggeror				===					· • •	<b>=</b> .56:	
DOCUMENT # M990000000000000000000000000000000000	COMPANY			Katherine Harris Secretary of State				FILED  ON HOV 27 PH 12: 01			
2. Principal Office Address  2. Parsons Ave 2. 10 S. Parsons Ave 3. Mailing Office Address  2. 10 S. Parsons Ave 3. Mailing Office Address  2. 10 S. Parsons Ave 4. State Country of Exemistion  3. Mailing Office Address  3. Mailing Office Address  3. Mailing Office Address  4. State Country of Exemistion  3. Mailing Office Address  5. Cata Comparised or Qualified  7. Cata Country 1. State 1. Catalogue 1. State 1. State 1. Catalogue 1. State	1. Limited Liability Company's Name							SECRETARY OF STATE  SECRETARY OF STATE  TALLAHASSEE, FLORIDA			
Suice, Apt. F. etc.    Suice, Apt. F. etc.   12							ÂEI				
12   12   12   13   13   14   14   15   15   15   15   15   15	2. Principa	al Office Addr	ess	3. Mailing Offic	e Address		,				
12   12   12   13   13   14   14   15   15   15   15   15   15	210 S. Parsons Ave 210				Par	5005 Ave	4. State/Co	4. State/Country of Formation			
City & State  Brandon FL Brandon FL Brandon FL SA 244927Le Not Applied For 58 - 244927Le Not Applied For Status Desired Applied For Status Desired For Status Desired For Status Desired Applied For Status Desired For Stat	Suite, Apt. #, etc.  Suite, Apt. #, etc.						-1 $G$	A			
City & State  Brandon FL Brandon FL Brandon FL SA 244927Le Not Applied For 58 - 244927Le Not Applied For Status Desired Applied For Status Desired For Status Desired For Status Desired Applied For Status Desired For Stat	12	_		12	12			5. Date Organized or Qualified To Do Rusiness in Florida			
Standon   Country   Zip	City & State	:	·	City & State			1000				
335   Country   Zip   Zip   Country   Zip	Real	odoo	FL	Brandon FL				As LELIABILIDE.			
8. Name and Address of Current Registered Agent    Street Address (P.O. Box Names and Street Address of State   Zip Code   FL   33611		74013	Country						<del></del> _		
8. Name and Address of Current Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 2	•	511	l '	335/1		•		ATE OF STATUS DESIRED $\Box$	enestereilee 002 22 betstike oot	polició = ::	
Size Address (P.O. Box Number is Not Acceptable)  ZIO S. Parsons Ave Suite 172  Suite, Apr. #, Etc.  City, Brandon  9. I, being appointed the expectatored agent of the above-gamed lipited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  Name of Managing Members/Managers  Titles Managing Members/Managers  Name of Managing Members/Managers  I'VE NOCCUSS Street Roswell, G.A. 30075  Suite 50-B.  Titles Note of Managing Members/Managers  I'VE NOCCUSS Street Roswell, G.A. 30075  Suite 50-B.  Titles Titles Note of Managing Members/Managers  I'VE NOCCUSS Street Roswell, G.A. 30075  Suite 50-B.  Titles Titles Note of Managing Members/Managers  I'VE NOCCUSS Street Roswell, G.A. 30075  Suite 50-B.  Titles Titles Note of Managing Members/Managers  I'VE NOCCUSS Street Roswell, G.A. 30075  Suite 50-B.  Titles Titles Note of Managing Members/Managers  I'VE NOCCUSS Street Roswell, G.A. 30075  Suite 50-B.  Titles Note of Managing Members/Manager of the receiver of trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when all lives over the color of the subset of the subset of the provided for in chapter 608, F.S. I further certify that when all lives over the color of the subset of the subset of the subset of the color of the subset of t											
9. I. being appointed the emptered agent of the abovernamed lipited liability company, an familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Registered	Derek Parker  Street Address (P.O. Box Number is Not Acceptable)  710 5 9 6 6 6 7 6 9 6 9 6 9 6 9 6 9 6 9 6 9 6										
9. I, being appointed the empotered agent of the above named liquited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent		City. Br	andon								
Titles Name of Managing Members/Managers	Signature o	, ,	Quek to	refer	·	····	nd accept the obli	11/20	100	CR2E041 (9/00	
MM Robert Hagan  Super Super Address of Each Managing Member/Manager  Not Norcross Street Roswell, GA 30075  Super	<b>10.</b> Name	s and Street	Addresses of Managing Mem	bers/Managers							
NM Nobert Hagan Sute 50-8  TODOO3491677-8  -12/08/00-01045-006  *****150.00 *****150.00  *****150.00 *****150.00  *****150.00 *****150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  *******150.00  *******150.00  *******150.00  *******150.00  ******150.00  *******150.00  *******150.00  ********150.00  *********150.00  *********************************	Titles					anaging Member/Ma	anager		·		
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 filling 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 of papary 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 Manager Manager Date IMAM Daytime Phone# Manager Date IMAM Daytime Phone#	MM	Robe	rt Hagan		ilo N Syte	orcruss 50-B	Shet	Rosnell, G	A 3007	5	
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 filling 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 of paper 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 ILAAW Daytime Phone # 100-973 4000					····		71	DDOD3491 -12/08/000 ****150,00	らてて		
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 filling 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 of apany 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	,										
$\mathscr{J}$	filing th all fees	is reinstatemi owed by the	ent application the reason for limited liability poppany have	dissolution has bee	n eliminated, 1	the limited liability co ated on this applicati	mpany name satis on is true and acci	fies the requirements of section urate, and my signature shall hi	n 608.406, F.S., and the ave the same legal effe	at ect	
Typed or printed name of signing Managing Member/Manager Robert Tagari	Managing M	lember/Mana		Manager H.	bect	Date	1/24/00	Daytime Phone# 100	)-993 400		