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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -2 PM 11:02

DOCUMENT # M99-415

1. Limited Liability Company's Name
Focus Healthcare of Florida, LLC

REINSTATEMENT 2000

2. Principal Office Address	3. Mailing Office Address
5960 SW 106TH Ave	5960 SW 106TH Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cooper City, FL	City & State: Cooper City, FL
Zip: 33328 Country: USA	Zip: 33328 Country: USA

4. State/Country of Formation: Florida / USA
5. Date Organized or Qualified To Do Business in Florida:
6. FEI Number: 65-0868132 ☐ 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: Joseph A. HartL
500003456505--6
11/07/00--01144--019
****155.00 ****155.00
Street Address (P.O. Box Number is Not Acceptable): 5960 SW 106 TH Avenue
Suite, Apt. #, Etc.:
City: Cooper City State: FL Zip Code: 33328

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: Joseph A. HartL Date: 10/30/00
REGISTERED AGENT MUST SIGN

CR2E041 (9/98)

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	Byron DeFoor	9412 Standifer Gap Road Chattanooga, TN 37363	
MGR	Robert Summerour	5173 Hallwood Ave Riverside, CA 92506	
MGR	Joseph A. HartL	5960 SW 106 TH Ave Cooper City, FL 33328	

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: Joseph A. HartL Date: 10/30/00 Daytime Phone #: (954) 680-2700

Typed or printed name of signing Managing Member/Manager: Joseph A. HartL