

M99000001525
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000001525

1. Limited Liability Company's Name

CareCentric National, LLC

10/4/02

FILED
03 SEP 17 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000023308289
09/24/03--01070--002 **205.00

BY

| | | | |
|--|--|--|--|
| 2. Principal Office Address 2625 Cumberland Pkwy, Suite, Apt. #, etc. 310 City & State Atlanta, Georgia Zip 30339 | | 3. Mailing Office Address same Suite, Apt. #, etc. City & State Atlanta, Georgia Zip 30339 | |
| Country USA | | Country | |

| | |
|--|-------------------------------|
| 4. State/Country of Formation Georgia | |
| 5. Date Organized or Qualified To Do Business in Florida 9/24/1999 | |
| 6. FEI Number 582269501 | Applied For Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

| | |
|---|-------------|
| Name CT Corporation | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road | |
| Suite, Apt. #, Etc. | |
| City Planation | State FL |
| Zip Code 33324 | |

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 9/17/03

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 | SC Holding, Inc. | 2625 Cumberland Pkwy, Ste 310 | Atlanta, GA 30339 |
| MGRM | John R. Festa | 2625 Cumberland Pkwy, Ste 310 | Atlanta, GA 30339 |
| MGRM | Ana M. McGary | 2625 Cumberland Pkwy, Ste 310 | Atlanta, GA 30339 |
| | | | |
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| | | | |

REINSTATEMENT 2002-2003

(BK) (C 03)

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 Ana M. McGary Date 9-17-03 Daytime Phone # 678-264-4400
Typed or printed name of signing Managing Member/Manager Ana M. McGary

CR2E041 (10/02)