


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 709039
 1. Corporation Name
PALM SPRINGS GENERAL HOSPITAL, INC. OF HIALEAH


Principal Place of Business Mailing Address
 1475 W. 49TH STREET 1475 W. 49TH STREET
 HIALEAH FL 33012 HIALEAH FL 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

FILED
 03 DEC 31 PM 2:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida
05/27/1965

5. FEI Number
59-6165471
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROBINSON, WILLIAM R.	1475 W. 49TH ST.	HIALEAH FL
SD	CODDINGTON, VIRGINIA	1475 W. 49TH ST.	HIALEAH FL
PD	SMITH, OAKLEY G	1475 W. 49TH ST.	HIALEAH FL
D	SMITH, PATRICIA MARY <i>Campbell Avery</i>	1475 W. 49TH ST.	HIALEAH FL
			100025897931 12/31/03--01056--004 **750.00

8. Name and Address of Current Registered Agent
LOUIS, PAUL A.
 1125 ALFRED I DUPONT BLDG
 MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *Paul A. Louis*
 REGISTERED AGENT MUST SIGN

Date: **12 Dec. 2003**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. 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: *Paul A. Louis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **12/12/03**
 Daytime Phone #

CP2E040 (7/03)