2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#723202

FILED Sep 19, 2005 Secretary of State

Entity Name: BROWARD PHYSICIANS' FOUNDATION INC

| Current Principal Place of Business: 5101 NW 21 AVE SUITE S-440 FT. LAUDERDALE, FL 33309 US Current Mailing Address: 5101 NW 21 AVENUE SUITE S-440 FT. LAUDERDALE, FL 33309 US FEI Number S9-1443675 FEI Number Applied For () FEI Number Not Applicable () Certificate of in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERSON, CYNTHIA S 5101 NW 21-ST AVE SUITE S-440 FORT LAUDERDALE, FL 33309 US The above named entity submits this statement for the purpose of changing its registered office or regis in the State of Florida. SIGNATURE: CYNTHIA S. PETERSON Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: D () Delete Name: HAMILTON, EDWIN MD Address: 5101 NW 21ST AVE STE 440 City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33301 Title: PD () Delete Name: MOLINET, ROLAND M., D. Name: MOLINET, ROLAND M., B. Name: MOLINET, ROLAND M., | |
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| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: PETERSON, CYNTHIAS 5101 NW 21ST AVE SUITE S-440 FORT LAUDERDALE, FL 33309 US The above named entity submits this statement for the purpose of changing its registered office or regis in the State of Florida. SIGNATURE: CYNTHIAS. PETERSON Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: D () Delete Title: () Change () A Name: HAMILTON, EDWIN MD Name: HAMILTON, EDWIN MD Address: 5101 NW 21ST AVE. STE 440 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: PD () Delete Title: () Change () A Name: MOLINET, ROLAND M., D. Name: MOLINET, ROLAND M., D. Address: 12 NE. 12TH AVE. City-St-Zip: FT. LAUDERDALE, FL 33301 Title: D () Delete Title: () Change () A Name: Address: City-St-Zip: FT. LAUDERDALE, FL 33301 Title: D () Delete Title: () Change () A Name: Address: City-St-Zip: FT. LAUDERDALE, FL 33301 Title: D () Delete Title: () Change () A Name: Address: City-St-Zip: Title: D () Delete Title: () Change () A Name: Address: City-St-Zip: Title: D () Delete Name: BECKER, MATHIS M.D., Address: 201 N.W. 82ND AVE., #504 | |
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| OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: D () Delete Title: () Change () A Name: HAMILTON, EDWIN MD Name: Address: 5101 NW 21ST AVE. STE 440 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: PD () Delete Title: () Change () A Name: MOLINET, ROLAND M., D. Name: Address: 12 N.E. 12TH AVE. Address: City-St-Zip: FT. LAUDERDALE, FL 33301 City-St-Zip: Title: D () Delete Title: () Change () A Name: BECKER, MATHIS M.D., Name: Address: 201 N.W. 82ND AVE., #504 Address: | |
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| Name:BECKER, MATHIS M.D.,Name:Address:201 N.W. 82ND AVE., #504Address: | Addition |
| | Addition |
| Title: D () Delete Title: () Change () A Name: OTT, RICHARD, Name: Address: 4801 N. FEDERAL HWY. Address: City-St-Zip: FT LAUDERDALE, FL 33308 City-St-Zip: | Addition |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN HAMILTON, M.D. D 09/19/2005