PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 DEC 13 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769423

1. Corporation Name

COUNTRYSIDE MEDICAL CENTER ASSOCIATION, INC.

REINSTATEMENT 99-05

T. CR25001 (8/05) DEC 14 2005

2. Principal Office Address		**3.** Mailing Office Address	
944 Bridgewater Drive		303 N. Clyde Morris Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Attn: Legal Department	
City & State		City & State	
Port Orange, FL		Daytona Beach, FL	
Zip	Country	Zip	Country
32127	US	32114	US

4. Date Incorporated or Qualified To Do Business in Florida: 07/18/1983

5. FEI Number: 59-2557924 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: David J. Davidson

Street Address (P.O. Box Number is Not Acceptable): 303 N. Clyde Morris Blvd.

Suite, Apt. #, Etc.:

City: Daytona Beach | State: FL | Zip Code: 32114

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: David J. Davidson — Date: 12/1/5

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	William Griffin	303 N. Clyde Morris Blvd.	Daytona Beach, FL 32114
VPD	Michael Panczyszyn	938 Bridgewater Drive	Port Orange, FL 32127
D	Edward D. Staudt	944 Bridgewater Drive	Port Orange, FL 32127

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10. 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)(i), 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: William J. Griffin — 11/30/05 — (386) 254-4228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #