

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

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CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000000925

1. Corporation Name

BROOKWOOD DIAGNOSTIC CENTER OF TAMPA, INC.
dba MEMORIAL DIAGNOSTIC CENTER, INC.

2. Principal Office Address

117 Seaboard Lane

3. Mailing Office Address

117 Seaboard Lane

Bldg., Apt. #, etc.

Building E

Bldg., Apt. #, etc.

Building E

City & State

Franklin, TN

City & State

Franklin, TN

Zip

37067

Country

USA

Zip

37067

Country

USA

4. Date Incorporated or Certified
To Do Business in Florida 02/21/20005. FEI Number
62-1601013

Applied For

Not Applicable

6. CERTIFICATE OF STATUS CHECKED ☒

7. Name and Address of Current Registered Agent

Name

GT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Bldg., Apt. #, etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0806 or 617.0806, F.S.

Signature of
Registered Agent

JOAN BOLDEN

REGISTERED AGENT MUST SIGN

ASSISTANT SECRETARY

Date 6/15/04

9. Name and Street Address of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
CEO	David R. White	117 Seaboard Lane, Bldg. E	Franklin, TN 37067
PICOO	Sandra K. McRee	117 Seaboard Lane, Bldg. E	Franklin, TN 37067
VICFC	W. Carl Whitmer	117 Seaboard Lane, Bldg. E	Franklin, TN 37067
V/T	John M. Doyle	117 Seaboard Lane, Bldg. E	Franklin, TN 37067
S	Frank A. Coyle	117 Seaboard Lane, Bldg. E	Franklin, TN 37067
	see attached Exhibit A for others		

10. I certify that I am an officer or director of the receiver or trustee appointed 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 distributed, the corporate debts satisfied, 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(2)(b), 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 each.

SIGNATURE:

KAREN H.
ABBOTT

06/15/04

615-487-1248

SIGNATURE MUST BE TYPED ON PRINTED NAME OF OFFICER OR DIRECTOR ON SEPARATOR

Date

Phone (Area)

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EXHIBIT A

ADDITIONAL OFFICERS

Derek Morkel Operations CFO
Karen H. Abbott Assistant Secretary

All officers are located at 117 Seaboard Lane, Building E, Franklin, TN 37067.

DIRECTORS

Paul S. Levy
Jeffrey C. Lightcap
Ramsey A. Frank

All directors are located at 450 Lexington Avenue, Suite 3350, New York, NY 10017.

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

MEMORIAL DIAGNOSTIC CENTER, INC.

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