


# 2009 FOR PROFIT CORPORATION REINSTATEMENT


<b>DOCUMENT # F94000000703</b> 1. Entity Name NSC SARASOTA, INC.	
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Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	Mailing Address P.O. BOX 380546 BIRMINGHAM, AL 35238
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2. Principal Place of Business - No P.O. Box # <b>3000 Riverchase Galleria</b>	3. Mailing Address <b>3000 Riverchase Galleria</b>
Suite, Apt. #, etc. <b>Suite 500</b>	Suite, Apt. #, etc. <b>Suite 500</b>

City & State <b>Birmingham, AL</b>	City & State <b>Birmingham, AL</b>
Zip <b>35244</b>	Zip <b>35244</b>
Country <b>US</b>	Country <b>US</b>

**FILED**  
**09 MAR -4 PM 12: 05**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT** 02/20/09 REINSTATEMENT 03/25/09 (1/07) 0809

4. FEI Number <b>58-2081028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND RD.                  PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**400144979664**  
**03/04/09--01038--005 \*\*300.00**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven J. Hutkai **Steven J. Hutkai, VP** 2/5/09 **(205) 545-2572**

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