JAN. 9.2001 9:35AM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
01 JAN 10 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # E 59-361030S / L99000008171

REINSTATEMENT 2000-2001

1. Limited Liability Company's Name
OAKTREE MEDICAL CENTER, LLC

2. Principal Office Address	3. Mailing Office Address
4620 North Habana Ave	P.O. Box 152495
Suite, Apt. #, etc. Ste. #203	Suite, Apt. #, etc.
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33614 Country USA	Zip 33684 Country USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: E59-3610305 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Jadwiga K. Yangco

Street Address (P.O. Box Number is Not Acceptable): 4620 North Habana Avenue

Suite, Apt. #, Etc.: Suite #203

City: Tampa State: FL Zip Code: 33614

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 1/9/01
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Manager	Jadwiga K. Yangco	4620 N. Habana Ave. Ste #203	Tampa, FL. 33614
Manager	Bienvenido G. Yangco	4620 N. Habana Ave. Ste # 203	Tampa, FL. 33614

JB 1-10-01

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: _____ Date: 1/9/01 Daytime Phone #: (813) 875-1024

Typed or printed name of signing Managing Member/Manager: _____