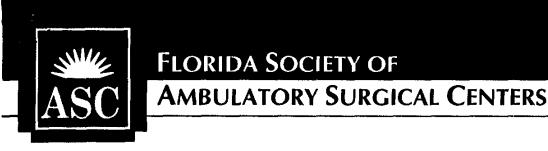
DOCUMENT # N39378 1. Corporation Name FLORIDA SOCIETY OF AMBULATORY SURGICAL CENTERS,					ETARY OF STATE HASSEE, FLORIDA	
Principal Place of Business Mailing Address						
# 11 1 1 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4			EFFERSON STREET EE FL 32000 32.301			
2. New Pr	addresses are incorrect in any way, line thr	3. New Mailir	g Office Address, I	Applicable 4 Date Inco	rporated or Qualified	
Sulle, Apt. #, etc. Sulte, Apt. #			, etc.			/06/1990
City & Stat	la lassee	City & State	abarres	5. FEI Numb	59-3033878	Applied For Not Applicable
32:	301 Country	3230	Count	ry 6. CERTIFICA	TE OF STATUS DESIRED (\$8.7	5 Additional Fee required or a Certificate of Status
7. Names	and Street Addresses of Each Officer and/	or Director (Flori	ida nonprofit corpor	ations must list at least 3 director		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		-11/10/970 4 *****61 ^{Clty} /6 ^{ta}	1182005 '%¥%**£1 25
P	COHN, JEANIE ST. Louis, Donna		4500 SAN PABLO ROAD 539 PASADENA AUE S.		JACKSONVILLE FL 32224 ST. PETERSIBURG, FL 33/07	
8	GT. LOUIS, DONNA Farm, Gen		599 PASADENA AVE. S. 160 Buston Ave		OT: PETERSBURG FL 33	707
T	CHURCHWELL, PAT		1340 PALMETTO AVE		WINTER PARK-FL 82789	
	PARM, GEN		160 BOSTON AVE.		Altamonte Spri	ngs. Fl 32701
D	Dingnan, Linds		17500 W HWY 441 1000 S. Orlando Ave		Winter Pack, F.	4 32789
D	SHAPIRO, DAVID M.D.		17560 W HWY 441		FT MYERS FL 38901	32757
D	BROWN, PAT Holzen, Kenna		1405 S. ORANGE AVE., STE. 400 4800 Linton Blud, Ste B		ORLANDO FL 02006 Octray Bear A, FL 33445	
	8. Name and Address of Current F			9. Name and	Address of New Registered A	
LOHRENGEL, PETER 235 BEARD STR EET TALLAHASSEE FL 82003 -				Name LOHRENGEL, PETER Street Address (P.O. Box Number is Not Acceptable) 500 EAST SEFFERSON STREET Suite, Apt. #, Etc.		
				City TALLAHASSE 6	State FL	Zip Code ろうろひ!
	g appointed the registered agent of the above	re named corpor	ation, am familiar w	ith and accept the obligations of Sec	etion 607.0505, F.S.	
Signature o	1 VA-0-	Llang		and accept the obligations of Sec	Date 10/26/0	î 7

12. 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 pald 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. 11-6-97 Date

SIGNATURE:

Daytime Phone #



October 28, 1997

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

As the registered agent for the Florida Society of Ambulatory Surgical Centers (N39378), I am writing in response to the recent Notice of Administrative Dissolution or Revocation. Regrettably, the Society did not receive the annual report notices prior to this revocation notice.

We are enclosing the fee for the annual report and ask that due to the circumstance no revocation occur. We have noted corrections to the address which may have caused the mail to not be delivered.

Sincerely,

Peter A. Lohrengel Registered Agent

Florida Society of Ambulatory Surgical Centers

cc. Donna St. Louis, President