

2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000112211

Entity Name: FAIRLAND COMMUNITY HOSPITAL LLC

Current Principal Place of Business:

13500 N KENDALL DR
MIAMI, FL 33186

Current Mailing Address:

13500 N KENDALL DR
MIAMI, FL 33186 US

FEI Number: 81-2946541

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PALMER, GRACE
13500 N KENDALL DR
MIAMI, FL 33186 US

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.

SIGNATURE: GRACE PALMER

02/21/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name MILLER, TAMMY
Address 12470 SW 120TH AVE
City-State-Zip: MIAMI FL 33186

Title VICE
Name BARR, PETER
Address 403 SW 16TH AVE
City-State-Zip: FORT LAUDERDALE FL 33312

Title AP
Name TINSEN, EMILY
Address 1500 POPHAM DR
City-State-Zip: FORT MYERS FL 33919

Title SEC
Name DENA, CLAUDIA
Address 6270 INDIAN CREEK DR
City-State-Zip: MIAMI BEACH FL 33141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TAMMY MILLER

PRESIDENT

02/21/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date