2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 17, 2008
Secretary of State

DOCUMENT# 702779

Entity Name: SOUTH LAKE MEMORIAL HOSPITAL INC

Current Principal Place of Business:

1099 CITRUS TOWER BLVD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1099 CITRUS TOWER BLVD
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-0571600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONGACRE, LESLIE
1099 CITRUS TOWER BLVD
CLERMONT, FL 32711 US

Name and Address of New Registered Agent:

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: LESLIE LONGACRE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ZAHN, PAULA
Address: 11400 ALAMEDA SANDRA DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete
Name: BATMAN, DAVID P
Address: PO BOX 997
City-St-Zip: MINNEOLA, FL 34755

Title: TD ( ) Delete
Name: BALLESTEROS, TOMAS DDS
Address: 826 WEST DESOTO STREET
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete
Name: STEPHENS, JULIE
Address: 1099 CITRUS TOWER BLVD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BATMAN, DAVID P
Address: PO BOX 997
City-St-Zip: MINNEOLA, FL 34755

Title: VD (X) Change ( ) Addition
Name: HOMAN, GREG
Address: PO BOX 120688
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SANTANELLI, IRMA
Address: 1099 CITRUS TOWER BLVD
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P. BATMAN PD 12/17/2008

Electronic Signature of Signing Officer or Director — Date