PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 FEB 28 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734846

1. Corporation Name
AESCULAPIUS SELF-INSURANCE TRUST CORPORATION, INC

2. Principal Office Address		3. Mailing Office Address	
1001 BRICKELL BAY DR		1001 BRICKELL BAY DR	
Suite, Apt. #, etc.: SUITE 1100		Suite, Apt. #, etc.: SUITE 1100	
City & State: MIAMI FL 33131		City & State: MIAMI FL	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida: 4/26/1976

5. FEI Number: 59-1644402 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: AON RISK SERVICES, INC. OF FLORIDA

Street Address: 1001 BRICKELL BAY DRIVE

Suite, Apt. #, Etc.: SUITE 1100

City: MIAMI — State: FL — Zip Code: 33131

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****297.50 ****297.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature], Administrator, Aesculapius / Vice President of Kelli's Shy's Hill Health Care Risk, Inc — Date 1/26/2000

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CHAIRMAN	RALPH LAWSON	6855 RED ROAD, SUITE 600	CORAL GABLES FL 33143
DIRECTOR	ARTHUR TEDESCO	10380 SW 120 STREET	MIAMI FL 33176
VICE CHAIRMAN/ TREAS	KATHY DUCASSE	801 ARTHUR GODFREY	MIAMI BEACH, FL 33139
DIRECTOR	LAURA HEYDRICH	5000 UNIVERSITY DR	CORAL GABLES FL 33134
SEC.	DAVID SCHOENBORN	1400 NW 12 AVENUE	MIAMI FL 33136
DIRECTOR	ROBERT SCHUEBEL	14001 DALLAS PARKWAY	DALLAS, TX 75240

10. 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 paid 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.

LS

SIGNATURE: Ralph E. Lawson — Feb. 18, 2000 — 305 273 2770

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