APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

A33159

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN -3 PM 2:24

DOCUMENT #

1. Name of Limited Partnership

G.S. NORTH, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
625 North Flagler Dr	625 North Flagler Drive	06/30/92
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400	5. FEI Number: 65-0379158 ☐ Applied For ☐ Not Applicable
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL	6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status
Zip: 33401 Country: Palm Beach	Zip: 33401 Country: Palm Beach	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $17,500.00

8b. Amount of Capital Contributions in FLORIDA to date: $17,500.00

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
PGA One, Inc. 1540 Latham Road West Palm Beach, FL 33409	Name: Valerie G. Larcombe Good Samaritan Medical Pavilions Street Address (P.O. Box Number is Not Acceptable): 1309 No. Flagler Drive Suite, Apt. #, etc.: City: West Palm Beach FL Zip Code: 33401

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Valerie G. Larcombe DATE 6-1-98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Good Samaritan Medical Pavilions	625 N. Flagler Drive	West Palm Beach Florida 33401	S 72249

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REINSTATEMENT 1998

MK Eug

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Valerie G. Larcombe SECRETARY DATE 6-1-98

Typed or Printed Name of General Partner Signing Form: Good Samaritan Medical Pavilions Telephone Number: 561 650 6223

File F98 A33159

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 841885 6099A

AUTHORIZATION Patricia Pizzuto

COST LIMIT : $ 720.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN -3 PM 2:24

ORDER DATE : June 3, 1998

ORDER TIME : 11:20 AM

ORDER NO. : 841885-005

CUSTOMER NO: 6099A

CUSTOMER: Ms. Laraine C. Charbonneau
Moyle Flanigan Katz Fitzgerald
625 N.flagler Drive, 9th Floor
P. O. Box 3888
West Palm Beach, FL 33401

DOMESTIC FILINGS

NAME: G.S. NORTH, LTD.

RECEIVED
98 JUN -3 PM 1:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6/3/98

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS _____