

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State TALLAHASSEE, FLORIDA		FILED 00 OCT 19 PM 4: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A98000000806					
1. Name of Limited Partnership SUNRISE REGIONAL MEDICAL CENTER, LTD. 9/29/00					
2. Principal Office Address 555 SW 148 AVE Suite, Apt. #, etc. City & State SUNRISE FL Zip 33325 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country		4. Date Formed or Registered To Do Business in Florida 3/17/1998	
				5. FEI Number 65-0824028 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				7a. Capital Contributions as shown on Record: 500,000	
				7b. Amount of Capital Contributions in FLORIDA to date:	
8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301-2525					
9. 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) <u>BRIAN COURTNEY, ASST. V.P.</u> DATE <u>10/17/2000</u>					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
10. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
Sunrise Regional, Inc. Adm - 500.00 AR 437.50 AR/UPP 88.75 \$ 1026.25		555 SW 148 AVE		SUNRISE, FL 33325	
		REINSTATEMENT 2000		400003441104--7 -10/26/00--01105--003 ****750.00 ****750.00	
				400003441104--7 -10/26/00--01105--004 ****276.25 ****276.25	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
11. 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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 <u>M L L</u>		Typed or Printed Name of General Partner Signing Form <u>Manuel R. Llano - Vice President</u>		DATE <u>10/16/00</u> Telephone Number <u>(954) 370-0200</u>	

CR2E039 (11/99)