

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 JUL 20 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A98000000806

BK

SUNRISE REGIONAL MEDICAL CENTER, LTD.

2. Principal Office Address - No P.O. Box #
1550 MADRUGA AVENUE

3. Mailing Office Address
P.O. BOX 430740

Suite, Apt. #, etc.
SUITE 208

Suite, Apt. #, etc.

CORAL GABLES, FL

City & State
MIAMI, FL

33146

Country
US

Zip
33243-0740

Country
US

4. Date Formed or Registered
To Do Business in Florida 3/30/1998

5. FCI Number
650824028

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, etc.

TALLAHASSEE

State
FL

Zip Code
32301-2525

7. FEES:

Filing Fee(s): \$411.25 for each year due this office

Supplemental Fee(s): \$88.75 for each year due this office

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records

☐ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

9. I, Joyce L. Markley, Secretary of the above entity, hereby accept the appointment of this office and accept the responsibility of the office.

Joyce L. Markley
as its agent

DATE 7/20/07

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

10.

Address of the entity

City and State

10a.

SUNRISE REGIONAL, INC.

1550 MADRUGA
AVENUE, SUITE 208

CORAL GABLES, FL
33146

P98000024935

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REINSTATEMENT 2004-2007

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

11.

SIGNATURE

Michael C. Piercey

7/18/07 914-438-6868