PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

FILED
11 NOV -7 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F07000003318

1. Corporation Name
Charleston Area Medical Center, Inc. dba HealthCare Financial Services

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1204 Kanawha Boulevard East	1204 Kanawha Boulevard East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Charleston, WV	City & State: Charleston WV
Zip: 25301 Country: US	Zip: 25301 Country: US

4. Date Incorporated or Qualified To Do Business In Florida: 06/27/2007

5. FEI Number: 55-0526150 ☐ 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: 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

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11/07/11--01056--003 **425.00

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: Sonya L Cordell Sonya L. Cordell Assistant VP Date: 11/3/11
REGISTERED AGENT MUST SIGN

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
President	David L. Ramsey	1204 Kanawha Boulevard East	Charleston, WV 25301
Vice President	Glenn Crotty, Jr. M.D.	1204 Kanawha Boulevard East	Charleston, WV 25301
Secretary	Marshall McMullen Jr	1204 Kanawha Boulevard East	Charleston, WV 25301
Treasurer	Larry Hudson	1204 Kanawha Boulevard East	Charleston, WV 25301
	REINSTATEMENT 08-12 Pg		11/9/11

10. E-mail Address: 13478 [illegible]@cornerstonesupport.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Larry Hudson, Larry Hudson, CFO 9/9/11 304-345-4371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #