

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT



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

DOCUMENT # F95000000306

1. Corporation Name

SHC BOCA RATON LASER, INC.

Principal Place of Business

Mailing Address

XXXXXX
XXXXXXXXXX

XXXXXX
XXXXXX

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

ONE HEALTHSOUTH PARKWAY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P O BOX 380546
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1995

5. FEI Number

58-2144685

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
BIRMINGHAM, AL

City & State
BIRMINGHAM, AL

Zip Country
35243 USA

Zip Country
35238 USA

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SCHNEIDER, GEORGE XXX	580 HAMMOND DR, #300 XXX	ATLANTA GA 30328 XXX
XXX	FALEY, H M XXX	580 HAMMOND DR, #300 XXX	ATLANTA GA 30328 XXX
CD	RICHARD M. SCRUSHY	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243
VTD	MICHAEL D. MARTIN	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243
VSD	ANTHONY J. TANNER	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243
SEE ATTACHED LIST			

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name 900002352069--6
-11/19/97--01085--012
Street Address (P.O. Box Number is Not Applicable) ***165.00 ***165.00
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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.

SIGNATURE:

Richard E. Botts

RICHARD E. BOTTS

Date

Daytime Phone #

11/6/97 (205) 967-7116

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**Surgical Health Corporation, Surgical Care Affiliates, Inc.
and Subsidiaries**

Officers and Directors

Directors:

Richard M. Scrushy
James P. Bennett
Anthony J. Tanner

Officers:

Richard M. Scrushy	Chairman of the Board
Patrick A. Foster	President
Michael D. Martin	Vice President and Treasurer
Anthony J. Tanner	Vice President and Secretary
William T. Owens	Vice President
Richard E. Botts	Vice President
William W. Horton	Vice President and Assistant Secretary
C. Drew Demaray	Vice President and Assistant Secretary
Beall D. Gary, Jr.	Vice President and Assistant Secretary
Stacy H. Pulliam	Assistant Secretary and Assistant Treasurer

All addresses c/o

HEALTHSOUTH Corporation
One HEALTHSOUTH Parkway
Birmingham, Alabama 35243