

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H63289	
1. Entity Name CUTLER RIDGE MEDICAL CENTER, INC.	



Principal Place of Business 10700 CARRIBBEAN BLVD. #315 MIAMI, FL 33189	Mailing Address 10700 CARRIBBEAN BLVD. #315 MIAMI, FL 33189
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2. Principal Place of Business 10700 Caribbean Blvd Suite, Apt. #, etc. 315 City & State Miami FL Zip 33189 Country USA	3. Mailing Address 10700 Caribbean Blvd Suite, Apt. #, etc. 315 City & State MIAMI FL Zip 33189 Country USA
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10192004 REIN-P CR2E098 (6/04)

4. FEI Number 59-2618255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, WAYNE M DR. 10700 CARIBBEAN BLVD. 315 MIAMI, FL 33189	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Earl R. Williams</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 10/19/04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, WAYNE, MD 10700 CARIBBEAN BLVD MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Earl R. Williams</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 10/19/04 DAYTIME PHONE #: 305 238 2961

FILED
04 OCT 25 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-03-03 60026 623 \$150.00

900042202829
10/26/04--01099--002 **\$8.75

Earl R. Williams

Cutler Ridge Medical Center
10700 Caribbean Blvd.
Suite 315
Miami, Fl. 33189
(305) 238-2961
Fax: (786) 293-9161

October 19, 2004

Re: Document #H63289

Attn: Sean Toner
Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

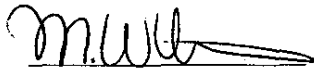
Dear Mr. Toner,

Pursuant to our conversation on 10/19/2004 enclosed is the reinstatement form you requested. Please take note that last year I had made two payments in error. Please apply that second payment to this year. I have not received any notices for 2004. The first notice was received today 10/19/2004.

I am also enclosing a check for the amount of \$8.75 for the certificate of status.

If you should have any questions, please feel free to contact me.

Sincerely,


Monique Williams
Accounts Payable