

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 20 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000423

1. Limited Liability Company's Name

Surgery Center of Coral Gables, L.L.C.

400008831614
11/06/02--01088--002 **150.00

2. Principal Office Address

2645 Douglas Road

Suite, Apt. #, etc.

Suite 400

City & State

Miami, Florida 33133

Zip

33133

Country

U.S.A.

3. Mailing Office Address

2645 Douglas Road

Suite, Apt. #, etc.

Suite 400

City & State

Miami, Florida 33133

Zip

33133

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified

To Do Business in Florida January 9, 2001

6. FEI Number

65-1069125

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

James S. Moran

REGISTERED AGENT MUST SIGN

Date 11/15/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Roland W. Pritchard, M.D.	2645 Douglas Road, Suite 400	Miami, Florida 33133
MGR	Stephen Blythe, M.D.	2645 Douglas Road, Suite 400	Miami, Florida 33133
MGR	Joseph Kurstin, M.D.	2645 Douglas Road, Suite 400	Miami, Florida 33133
MGR	Amerispan Multispecialty, Inc.	2645 Douglas Road, Suite 400	Miami, Florida 33133
MGR	Cataract & Laser Center Partners, L.L.C.	15 Farrar Farm Road, Suite 2	Norwell, Massachusetts 02061
MGR	Continental Anesthesia Services, P.A.	1400 NW 12th Avenue	Miami, Florida 33133

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Morgan G. Moran

Date 11/1/2002

Daytime Phone # (312) 750-8922

Typed or printed name of signing Managing Member/Manager

Morgan G. Moran, Esq., Authorized Representative

CR2E041 (9/01)