

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000058092

FILED
Jan 24, 2008
Secretary of State

Entity Name: CUTLER RIDGE MEDICAL CENTER, LLC

Current Principal Place of Business:

10700 CARIBBEAN BLVD.,
SUITE 315
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

10700 CARIBBEAN BLVD., SUITE 315
MIAMI, FL 33189

New Mailing Address:

FEI Number: 14-1932857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, DAMIAN
10700 CARIBBEAN BLVD., SUITE 315
MIAMI, FL 33189 US

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.

SIGNATURE: DAMIAN WILLIAMS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: WILLIAMS, MONIQUE
Address: 10700 CARIBBEAN BLVD., SUITE 315
City-St-Zip: MIAMI, FL 33189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: WILLIAMS, DAMIAN
Address: 10700 CARIBBEAN BLVD., SUITE 315
City-St-Zip: MIAMI, FL 33189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: WILLIAMS, WAYNE M MD
Address: 10700 CARIBBEAN BLVD., SUITE 315
City-St-Zip: MIAMI, FL 33189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAMIAN WILLIAMS

MGRM

01/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date