2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 21, 2011
Secretary of State

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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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: MONIQUE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

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

I hereby 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 Statues.

SIGNATURE: MONIQUE WILLIAMS MGR 01/21/2011

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