

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 16 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000106049

1. Limited Liability Company's Name

MARTIN MEMORIAL ACQUISITION, LLC

2. Principal Office Address - No P.O. Box #
200 SE Hospital Avenue

3. Mailing Office Address
P.O. Box 9010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

U.S.

Zip

34995

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/31/2006

6. FEI Number

59-0637874

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

Martin Memorial Medical Center, Inc.

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

200 SE Hospital Avenue

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/4/07

10. Names and Street Addresses of Managing Members/Managers

| Titles | Names of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------------|---------------------------------------|---|--------------------|
| Pres | Richmond M. Harman | 200 SE Hospital Avenue | Stuart, FL 34994 |
| V.P. Secty | Mark E. Robitaille | 200 SE Hospital Avenue | Stuart, FL 34994 |
| V.P. Treas. | L. Mark Cocorullo | 200 SE Hospital Avenue | Stuart, FL 34994 |
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REINSTATEMENT 07

500110688365
10/11/07--01033--004 **\$5.00

11. I certify that I am managing member/manager of 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

[Signature]

Date

10/4/07

Daytime Phone #

772-223-

Typed or printed name of signing Managing Member/Manager

5945 X 3006