L07000024509

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL -9 PM 2:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # L07000024509

1. Limited Liability Company's Name
SURGICARE OF BOCA RATON, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1905 Clint Moore Road		555 Kinderkamack Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
300			
City & State		City & State	
Boca Raton, Florida 33496		Oradell, New Jersey 07649	
Zip	Country	Zip	Country
33496	USA	07649	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/5/07

6. FEI Number: 20-8569805 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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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: Doreen Wallace Doreen Wallace, Asst. Vice Pres. Date: 7/9/10
REGISTERED AGENT MUST SIGN

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
M	Surgem, LLC	555 Kinderkamack Road	Oradell, New Jersey 07649
MGR			

REINSTATEMENT 2008-2010

11. E-mail Address: (To be used for future annual report notifications)

12. 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: John H Hajjar Date: 7/8/10 Daytime Phone #: 201-834-1100

Typed or printed name of signing Managing Member/Manager: John Hajjar, M.D.