

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000036289

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** LAKES MEDICAL CENTER, LLC

**Current Principal Place of Business:**

4329 N. STATE ROAD 7  
FORT LAUDERDALE, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4329 N. STATE ROAD 7  
FORT LAUDERDALE, FL 33319

**New Mailing Address:**

**FEI Number:** 20-8816248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORN, STEPHEN H  
4329 N. STATE ROAD 7  
FORT LAUDERDALE, FL 33319 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: STEPHEN CORN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CORN CONSTRUCTION CORP.  
Address: 4329 N. STATE ROAD 7  
City-St-Zip: FORT LAUDERDALE, FL 33319

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 Statutes.

SIGNATURE: STEPHEN CORN

MNGR

09/28/2010

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