

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 MAR 31 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L07000081744</b> 1. Entity Name <b>INDIAN RIVER SURGERY PROPERTIES, LLC</b>			
Principal Place of Business <b>ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243</b>		Mailing Address <b>ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243</b>	
2. Principal Place of Business - No P.O. Box # <b>3000 Riverchase Galleria</b> Suite, Apt. #, etc. <b>Suite 500</b> City & State <b>Birmingham, AL</b> Zip <b>35244</b>		3. Mailing Address <b>3000 Riverchase Galleria</b> Suite, Apt. #, etc. <b>Suite 500</b> City & State <b>Birmingham, AL</b> Zip <b>35244</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>26-0711388</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02032009 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$277.50</b> ✓		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>SURGERY CENTER OF VERO BEACH INC. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Surgery Center of Vero Beach, Inc. 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <b>000147953710</b>  <b>03/30/09--01034--024 **277.50</b> </div> <div style="text-align: right;"> <b>REINSTATEMENT</b>  <b>OK 4-1-09</b> </div> </div>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Steven J. Hutkai</u> <b>Steven J. Hutkai, VP of MGR</b> <u>2/5/09</u> <b>(205)545-2572</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			