

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000050319

FILED
Mar 08, 2012
Secretary of State

Entity Name: CORAL RIDGE SURGICAL CENTER, LLC.

Current Principal Place of Business:

9633 WEST BROWARD BLVD.
SUITE #6
PLANTATION, FL 33324

New Principal Place of Business:

9633 WEST BROWARD BLVD
SUITE # 6
PLANTATION, FL 33324

Current Mailing Address:

9633 WEST BROWARD BLVD.
SUITE #6
PLANTATION, FL 33324

New Mailing Address:

9633 WEST BROWARD BLVD
SUITE # 6
PLANTATION, FL 33324

FEI Number: 27-2553753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLICKER, MICHAEL
9633 WEST BROWARD BLVD.
SUITE #6
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

FLICKER, MICHAEL
9633 WEST BROWARD BLVD
SUITE # 6
PLANTATION, FL 33324 US

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: MICHAEL FLICKER

03/08/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: FLICKER, MICHAEL
Address: 9633 WEST BROWARD BLVD # 6
City-St-Zip: PLANTATION, FL 33324

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: MICHAEL FLICKER

PRES

03/08/2012

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