

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000124648

FILED
Sep 28, 2011
Secretary of State

Entity Name: CAPE MEDICAL CENTER, LLC

Current Principal Place of Business:

4419 DEL PRADO BLVD SOUTH
SUITE 1
CAPE CORAL, FL 33904 US

New Principal Place of Business:

4419 DEL PRADO BLVD SOUTH
SUITE 4
CAPE CORAL, FL 33904 US

Current Mailing Address:

4419 DEL PRADO BLVD SOUTH
SUITE 1
CAPE CORAL, FL 33904 US

New Mailing Address:

4419 DEL PRADO BLVD SOUTH
SUITE 4
CAPE CORAL, FL 33904 US

FEI Number: 27-4186965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASSI, NICHOLAS T
3911 SW 2ND AVE
CAPE CORAL, FL 33914 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: NICHOLAS SASSI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SASSI, NICHOLAS T
Address: 3911 SW 2ND AVE
City-St-Zip: CAPE CORAL, FL 33914 US

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: NICHOLAS SASSI

MGRM

09/28/2011

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