APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L94000000543

PUTNAM COMMUNITY HOSPITAL PHO, L.L.C.
6400 WEST NEWBERRY ROAD, SUITE 110
GAINESVILLE, FL 32605

If above mailing address is incorrect in any way, **line through incorrect information** and enter correction in Block 2a

1a. Principal Place of Business Address
HIGHWAY 20 WEST
PALATKA FL 32177

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 10/10/1994

3a. State of Formation: FL

4. FEI Number: 59-3276710
☐ Applied For
☐ Not Applicable

5. Date of Last Report: 3/15/1996

6. Certificate of Status Desired
$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

PALOMBO, RICK
HIGHWAY 20 WEST
PALATKA, FL 32178

8. Name and Address of New Registered Agent

Name
DAVID WHALEN
Street Address (P.O. Box Number is Not Acceptable)
HIGHWAY 20 WEST
Suite, Apt. #, etc.
City
PALATKA
FL
Zip Code
32177

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****712.50 ****712.50

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: D A Whalen
REGISTERED AGENT MUST SIGN
Date: 12/1/97

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	WHALEN, DAVID	HIGHWAY 20 WEST	PALATKA, FL 32177
MGRM	AHMAD, IFTIKHAR MD	520 ZEAGLER DRIVE	PALATKA, FL 32177
MGRM	MONZON, RAUL MD	HIGHWAY 20 WEST	PALATKA, FL 32177
MGRM	MATHENY, JACK MD	205 ZEAGLER DRIVE	PALATKA, FL 32177
MGRM	VASSALLO, JOHN	800 ZEAGLER DRIVE, STE. 300	PALATKA, FL 32177
MGRM	WOLFENDEN, JOHN W. MD	700 ZEAGLER DRIVE, STE. 9	PALATKA, FL 32177
MGRM	SINGH, KAUSHALENDRA MD	320 ZEAGLER DRIVE, STE. C	PALATKA, FL 32177
MGRM	ANDREWS, JAMES	HIGHWAY 20 WEST	PALATKA, FL 32177

REINSTATEMENT 94 D. Whalen 12/1/97

11. 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: D A Whalen
Date: 12/1/97
Daytime Phone #: 904-328-5711

Typed or printed name of signing Managing Member/Manager: DAVID WHALEN