

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

FILED

98 NOV 26 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000001104**

LEESAR HEALTHTRUST PARTNERS, L.C.  
1700 South Tamiami Trail  
Sarasota, Florida 34239

1a. Principal Place of Business Address

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

2. Principal Place of Business 1700 S. Tamiami Trail Suite, Apt. #, etc.		2a. Mailing Address 1700 S. Tamiami Trail Suite, Apt. #, etc.		3. Date Organized or Qualified 10/3/98		3a. State of Formation Florida	
City & State Sarasota, Florida		City & State Sarasota, Florida		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34239	Country USA	Zip 34239	Country USA	5. Date of Last Report N/A		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**7. Name and Address of Current Registered Agent**

Benjamin, Robert W.  
Williams, Parker, Harrison, Dietz &  
Getzen  
200 S. Orange Ave.  
Sarasota, FL 34236

**8. Name and Address of New Registered Agent**

Name  
Middlebrooks, J. Hugh  
Street Address (P.O. Box Number is Not Acceptable)  
200 S. Orange Ave.  
Suite, Apt. #, etc.  
City  
Sarasota **FL** Zip Code  
34239

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/18/98

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Mgr.	Sarasota Cty. Public Hospital Board Attn: Mr. Michael H. Covert	1700 S. Tamiami Trail	Sarasota, Florida 34239
Mgr.	Hospital Board of Directors of Lee Cty. Attn: Lois C. Barrett	2780 Cleveland Ave.	Ft. Myers, FL 33901

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-12/03/98-01080-004  
\*\*\*550.00 \*\*\*550.00  
600002706606--1  
-12/03/98-01080-005  
\*\*\*\*\*38.75 \*\*\*\*\*38.75

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

*[Signature]*

Date 11-18-98

Daytime Phone # 941-917-9000

Typed or printed name of signing Managing Member/Manager

Michael H. Covert