APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2003

DOCUMENT # L99000000401

1. Limited Liability Company's Name
MARIANNA MEDICAL CENTER, L.L.C.

2. Principal Office Address	3. Mailing Office Address
2928 DANIELS STREET	2928 DANIELS STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARIANNA, FL	City & State: MARIANNA, FL
Zip: 32446 Country: USA	Zip: 33446 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 01/25/1999

6. FEI Number: 59-3552974 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $8.50 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: ALAN B. COHN, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2021 TYLER STREET

Suite, Apt. #, Etc.:

City: HOLLYWOOD State: FL Zip Code: 33020

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] Date: 10/14/03

REGISTERED AGENT MUST SIGN

CR2E044 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RODRIGUEZ-JIMENEZ,HORACIO MD	2928 DANIELS STREET	MARIANNA, FL 32446

10-14-03

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: 10-14-03 Daytime Phone #: 850-528-3555

Typed or printed name of signing Managing Member/Manager: HORACIO RODRIGUEZ-JIMENEZ, M.D.

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

MARIANNA MEDICAL CENTER, L.L.C.

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