

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND

01 OCT 23 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000003001

1. Limited Liability Company's Name

Fort Lauderdale Hospital Management, L.L.C.

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REINSTATEMENT WJ

2. Principal Office Address

1601 East Las Olas Blvd.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip Country

33301 USA

3. Mailing Office Address

1601 East Las Olas Blvd.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip Country

33301 USA

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified
To Do Business in Florida

May 25, 1999

6. FEI Number

65-0925118

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Nationscorp Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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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

Ed Hand, President

REGISTERED AGENT MUST SIGN

Date

10/23/01

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	Neal G. Cury	1550 N.W. 101st Way	Plantation, FL 33332
MGRM	Axon I Limited Partnership	14400 Martin Drive	Eden Prairie, MN 55344

WJ
10-24-01

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.

Axon I Limited Partnership, By: Northern Healthcare, Inc.,

Signature of

Managing Member/Manager

By: *Richard A. Kresh*

Date

10/18/01

Daytime Phone #

212-243-5565

Typed or printed name of signing Managing Member/Manager Richard A. Kresh

CR2E041 (9/00)