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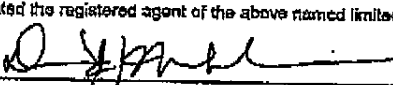
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                      |                |                                                                                   |                |                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------|--|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>                                                                       |                |  |                | <b>FLORIDA DEPARTMENT OF STATE</b><br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT #</b><br>1. Limited Liability Company's Name<br><br>DOCTORS OUTPATIENT SURGERY CENTER OF JUPITER, L.L.C. |                |                                                                                   |                |                                                                                                          |  |
| 2. Principal Office Address<br>3801 PGA Blvd.                                                                        |                | 3. Mailing Office Address<br>3801 PGA Blvd.                                       |                | 4. State/Country of Formation<br>Florida, USA                                                            |  |
| Suite, Apt. #, etc.<br>Suite 602                                                                                     |                | Suite, Apt. #, etc.<br>Suite 602                                                  |                | 5. Date Organized or Qualified To Do Business in Florida<br>8/12/99                                      |  |
| City & State<br>Palm Beach Gardens, FL                                                                               |                | City & State<br>Palm Beach Gardens, FL                                            |                | 6. FEI Number<br>65-0953183                                                                              |  |
| Zip<br>33410                                                                                                         | Country<br>USA | Zip<br>33410                                                                      | Country<br>USA | Applied For<br>Not Applicable                                                                            |  |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                                            |                |                                                                                   |                | \$500 Additional Franchise Tax Estimated                                                                 |  |

|                                                                                  |                   |
|----------------------------------------------------------------------------------|-------------------|
| <b>8. Name and Address of Current Registered Agent</b>                           |                   |
| Name<br>David J. Menkhaus                                                        |                   |
| Street Address (P.O. Box Number is Not Acceptable)<br>2424 North Federal Highway |                   |
| Suite, Apt. #, Etc.<br>Suite 160                                                 |                   |
| City<br>Boca Raton,                                                              | State<br>FL       |
|                                                                                  | Zip Code<br>33431 |

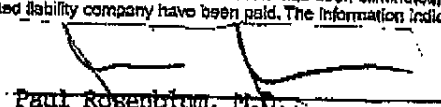
  

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.</b> |               |
| Signature of Registered Agent                                                 | Date 10/23/01 |
| REGISTERED AGENT MUST SIGN                                                                                                                                       |               |

| 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                                                        | Paul Rosenblum, M.D.              | 840 US Hwy #1, Suite 430                       | North Palm Beach, FL 33408 |
|                                                             |                                   |                                                |                            |
|                                                             |                                   |                                                |                            |
|                                                             |                                   |                                                |                            |
|                                                             |                                   |                                                |                            |
|                                                             |                                   |                                                |                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 608.405, 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.</b> |                                            |
| Signature of Managing Member/Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date 10/22/01 Daytime Phone # 561-627-6333 |
| Typed or printed name of signing Managing Member/Manager Paul Rosenblum, M.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |

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