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Florida Department of State

Division of Corporations

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FAL

LIMITED LIABILITY REINSTATEMENT

DOCTORS OUTPATIENT SURGERY CENTER OF JUPITER, L.L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT

1. Limited Liability Company's Name

DOCTORS OUTPATIENT SURGERY CENTER OF JUPITER, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
3801 PGA Blvd.		3801 PGA Blvd.	
Suite, Apt. #, etc.: Suite 602		Suite, Apt. #, etc.: Suite 602	
City & State: Palm Beach Gardens, FL		City & State: Palm Beach Gardens, FL	
Zip: 33410	Country: USA	Zip: 33410	Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 8/12/99

6. FEI Number: 65-0953183 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: David J. Menkhaus

Street Address (P.O. Box Number is Not Acceptable): 2424 North Federal Highway

Suite, Apt. #, Etc.: Suite 160

City: Boca Raton, State: FL Zip Code: 33431

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: 10/23/01

REGISTERED AGENT MUST SIGN

CR2E041 (8/01)

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

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] Paul Rosenblum, M.D. Date: 10/22/01 Daytime Phone #: 561-627-6333

Typed or printed name of signing Managing Member/Manager

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