

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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



FILED
 01 DEC 26 AM 10:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L99000008207

1. Limited Liability Company's Name
LITTLE FOREST MEDICAL CENTER, LLC

2. Principal Office Address <u>950 CALLEON DR</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>SAME</u> Suite, Apt. #, etc.	
City & State <u>NAPLES, Fla.</u>		City & State	
Zip <u>34102</u>	Country <u>U.S.A.</u>	Zip	Country

4. State/Country of Formation <u>Fla., U.S.A.</u>	
5. Date Organized or Qualified To Do Business in Florida <u>9-1-2000</u>	
6. FEI Number <u>34-1120588</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
PATRICIA C. POTTS

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

Suite, Apt. #, Etc.
600004762486-5
-01/09/02-01044-005
***155.00 ***155.00

City
NAPLES

State
FL

Zip Code
34102

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 Patricia C. Potts Date 12-19-2001
 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
M/M	<u>PATRICIA C. POTTS</u>	<u>950 CALLEON DR.</u>	<u>NAPLES, Fla 34102</u>
M/M	<u>SHARI HUNK TRACEY</u>	<u>2148 MAGNOLIA HILLS DR</u>	<u>MAGNOLIA, TEXAS 77354</u>
M/M	<u>KATHY VANDIE,</u> <u>Trustee</u>	<u>25 SEWICKLEY HILLS DR.</u>	<u>SEWICKLEY, PA. 15143</u>

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 Patricia C. Potts Date 12-19-01 Daytime Phone # 941-261-6919

Typed or printed name of signing Managing Member/Manager PATRICIA C. POTTS

CR2E041 (9/01)

REINSTATEMENT OF LLC
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