PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L9900008207

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 17 PM 1:42

12/12/20

1. DOCUMENT #   L99000008207

Name and Mailing Address

0005391 01 FP 0.352   **PRSRT T7 0 0615 34102-770450
LITTLE FOREST MEDICAL CENTER, LLC
950 GALLEON DRIVE
NAPLES FL 34102-7704

REINSTATEMENT 2002

2. New Mailing Address	**4.** State/Country of Formation FL
City, State, Zip	**5.** Date Organized or Qualified To Do Business in Florida 11/24/1999

CR2E084 (8/02)

Principal Place of Business 950 GALLEON DRIVE NAPLES FL 33940	**3.** New Principal Place of Business Address	**6.** FEI Number 34-1120588	Applied For / Not Applicable
	City, State, Zip	**7.** CERTIFICATE OF STATUS DESIRED ☐	$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	**9.** Name and Address of New Registered Agent
POTTS, PATRICIA C 950 GALLEON DRIVE NAPLES FL 33940	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

10. 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_   REGISTERED AGENT MUST SIGN   Date 12/10/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HURL, SHARI	21498 MAGNOLIA HILLS DRIVE	MAGNOLIA TX 77354
MGRM	POTTS, PATRICIA A	950 GALLEON DRIVE	NAPLESFL 33940
M	VANDRIE, KATHY TRUSTEE	25 SE WICKLEY HILLS DR	SEWICKLEY PA 15143
			300009529593 12/17/02--01004--006 **150.00

REINSTATEMENT 2002

12. 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 _Gregory J Gibson_   Date 12/10/02 Daytime Phone # 330 758 8323

Typed or printed name of signing Managing Member/Manager   GREGORY J GIBSON