2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000008207

Entity Name: LITTLE FOREST MEDICAL CENTER, LLC

FILED Dec 19, 2008 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

950 GALLEON DRIVE NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

950 GALLEON DRIVE NAPLES, FL 34102

FEI Number: 34-1120588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POTTS, PATRICIA C GIBSON, GREGORY J 780 5TH AVE. S 950 GALLEON DRIVE NAPLES, FL 34102 NAPLES, FL 34102 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GREGORY J. GIBSON 12/19/2008

> Electronic Signature of Registered Agent Date

> > ADDITIONS/CHANGES:

(X) Change () Addition

Title:

MANAGING MEMBERS/MANAGERS:

MGRM () Delete HURL, SHARÎ Name:

LFMC MANAGEMENT CO.,, LTD. Name: Address: 60600 SIX PINES DR., #313 Address: 492 MCCLURG ROAD City-St-Zip: WOODLANDS, TX 77380 City-St-Zip: YOUNGSTOWN, OH 44512

Title: MGRM (X) Delete Title: () Change () Addition

POTTS, PATRICIA A Name: Name: Address: 950 GALLEON DRIVE Address: City-St-Zip: NAPLES, FL 33940 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICIA C. POTTS **MGRM** 12/19/2008