

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 14 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # M04000000061

1. Limited Liability Company's Name

Affiliated Surgery Center Group, LLC

2. Principal Office Address - No P.O. Box #

187 Route 36

Suite, Apt. #, etc.

210

City & State

West Long Branch, NJ

Zip

07764

Country

USA

3. Mailing Office Address

187 Route 36

Suite, Apt. #, etc.

210

City & State

West Long Branch, NJ

Zip

07764

Country

USA

4. State/Country of Formation

New Jersey/USA

5. Date Organized or Qualified
To Do Business in Florida

December 29, 2003

6. FEI Number

14-1886423

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Henry H. Bloom

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

450 Alton Road

Suite, Apt. #, Etc.

1505

City

Miami

State

FL

Zip Code

33139

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Date 4/28/2008

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
Mr.	Henry H. Bloom/MGMR	187 Route 36, Suite 210	West Long Branch, NJ 07764
Mr.	Edward P. Hetrick/MGR	40 Ramland Road, Suite 18	Orangeburg, NY 10962

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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

Date 4/28/2008

Daytime Phone # 732-229-8400

Typed or printed name of signing Managing Member/Manager Henry H. Bloom/MGMR