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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 OCT -2 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M15000005214

100304033861

CR2E081 (11/10)

1. Corporation Name

SXR MEDICAL, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7700 W. Sunrise Blvd.	7700 W. Sunrise Blvd.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33322 Country: USA	Zip: 33322 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/02/2015

5. FEI Number: 32-0414892 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: No — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc:

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Roxanne Turner — Date: 10/2/2017

Roxanne Turner
Asst. Vice President

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Brian Jackson	7700 W. Sunrise Blvd.	Plantation, FL 33322
EVP	Kevin Eastridge	7700 W. Sunrise Blvd.	Plantation, FL 33322
SVP	Gilbert Drozdow	7700 W. Sunrise Blvd.	Plantation, FL 33322
SVP/S	Craig Wilson	7700 W. Sunrise Blvd.	Plantation, FL 33322
VP/AS	Jillian Marcus	7700 W. Sunrise Blvd.	Plantation, FL 33322
T	Kristy Rutherford	7700 W. Sunrise Blvd.	Plantation, FL 33322

10. E-mail Address: rian.balfour@shcr.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Jillian Marcus — Jillian Marcus — 10/2/17 — 954-939-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 839718 8125903

AUTHORIZATION : [signature]

COST LIMIT : $ 377.50

ORDER DATE : September 28, 2017

ORDER TIME : 3:57 PM

ORDER NO. : 839718-005

CUSTOMER NO: 8125903

REINSTATEMENT

17 OCT -2 AM 11:38

NAME: SXR MEDICAL, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX ___ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____