

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 NOV 29 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M94000000169

1. Limited Liability Company's Name

SCA/Ft. Myers, LLC Limited Company

2. Principal Office Address

One HealthSouth Parkway

Suite, Apt. #, etc.

City & State

Birmingham, AL

Zip

35243

Country

US

3. Mailing Office Address

P.O. Box 380546

Suite, Apt. #, etc.

City & State

Birmingham, AL

Zip

35238

Country

US

4. State/Country of Formation

Tennessee

**5. Date Organized or Qualified
To Do Business in Florida**

12/23/1994

6. FEI Number

62-1587567

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Joan Bolden

JOAN BOLDEN

ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/17/04

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
MGRM	Lee Health Ventures, Inc.	16201 Bass Road	Ft. Myers, FL 33907
MGRM	SCA-Ft. Myers, Inc.	One HealthSouth Parkway	Birmingham, AL 35243

REINSTATEMENT 03-04

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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

Brian M. Menke

Date

11/16/04

Daytime Phone #

205-967-7116

Typed or printed name of signing Managing Member/Manager **Brian M. Menke**

CR2E041 (10/02)