PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 29 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004413

1. Corporation Name
ST. LUKE SOCIETY OF SOUTH FLORIDA, INC.

2. Principal Office Address	3. Mailing Office Address
4725 N. Federal Highway	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State
Zip: 33308 / Country: USA	Zip / Country

200058048422
07/29/05--01021--014 **402.50

4. Date Incorporated or Qualified To Do Business in Florida: 06/10/2002

5. FEI Number: NONE — ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mark Dissette

REINSTATEMENT 12-05

Street Address (P.O. Box Number is Not Acceptable): 4725 N. Federal Highway

Suite, Apt. #, Etc.

City: Ft. Lauderdale | State: FL | Zip Code: 33308

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: _____ Date: 6/20/05
REGISTERED AGENT MUST SIGN

CR2E051 (01/05)

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
D	O'Brien, Sister Mary	4725 N. Federal Highway	Ft. Lauderdale, FL 33308
D	Coopersmith, Edward M., M.D.	5333 N. Dixie Highway	Oakland Park, FL
D	DeGennaro, Vincent A, M.D.	1960 NE 47th Street	Ft. Lauderdale, FL 33308
D	Mastrole, Richard K., M.D.	1900 E. Commercial Blvd., Ste 101	Ft. Lauderdale, FL 33308
D	Onstad, G. David, M.D.	1930 NE 47th Street, Ste. 205	Ft. Lauderdale, FL 33308
D	Tate, Charles F., III, M.D.	4725 N. Federal Highway	Ft. Lauderdale, FL 33308

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ Date: _____ (954) 492-5797 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Lewis