2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# N02000009889

Entity Name: HOSPITALS INTERNATIONAL, INC.

Current Principal Place of Business:

295 KINSER PARK LANE
GREENEVILLE, TN 33743

New Principal Place of Business:

3330 RANCH RD
WALLA WALLA, WA 99362

Current Mailing Address:

3330
WALLA WALLA, WA 99362

New Mailing Address:

3330 RANCH RD
WALLA WALLA, WA 99362

FEI Number: 05-0562263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEIGH, RICHARD A
1031 W. MORSE BLVD., SUITE 350
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: RICHARD A. LEIGH

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SADLER, BROOKE
Address: 295 KINSER PARK LANE
City-St-Zip: GREENVILLE, TN 37743

Title: VD ( ) Delete
Name: APPLEGATE, RODNEY
Address: 3330 RANCH RD
City-St-Zip: WALLA WALLA, WA 99362

Title: TSD ( ) Delete
Name: SADLER, PAMELA
Address: 299 KINSER PARK LANE
City-St-Zip: GREENEVILLE, TN 37743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODNEY APPLEGATE VP/D 02/19/2007

Electronic Signature of Signing Officer or Director — Date