

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N40101 1. Entity Name HOMESTEAD HOSPITAL, INC.						05 DEC 15 AM 11:58 SEC. OF STATE TALLAHASSEE, FLORIDA 05	
Principal Place of Business 160 N.W. 13TH STREET HOMESTEAD, FL 33030				Mailing Address 160 N.W. 13TH STREET HOMESTEAD, FL 33030			
2. Principal Place of Business		3. Mailing Address				12092005 REIN-NP CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 65-0232993				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEHMAN, JODY 6855 RED ROAD SUITE 500 CORAL GABLES, FL 33143				7. Name and Address of New Registered Agent Name DAVID R. FRIEDMAN Street Address (P.O. Box Number is Not Acceptable) 6855 Red Road Coral Gables, FL 33143 City FL Zip Code			
B. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE DAVID FRIEDMAN, VP AND GENERAL COUNSEL 12/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE C <input type="checkbox"/> Delete NAME CHAMBERS, WILLIAM STREET ADDRESS 160 NW 13TH STREET CITY-ST-ZIP HOMESTEAD, FL 33030				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Albert L. Boulenger STREET ADDRESS 160 N.W. 13th Street CITY-ST-ZIP Homestead, FL 3303			
TITLE ST <input type="checkbox"/> Delete NAME CARPENTER, WILLIE STREET ADDRESS 160 N W 13TH STREET CITY-ST-ZIP HOMESTEAD, FL 33030				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100062483881 STREET ADDRESS 12/30/05--01007--002 **61.25 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME SAPP, STEVEN S STREET ADDRESS 160 NW 13 ST CITY-ST-ZIP HOMESTEAD, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME BEARD, WENDELL STREET ADDRESS 160 NW 13 STREET CITY-ST-ZIP HOMESTEAD, FL 33030				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME HALLSTRAND, DAVID E MD STREET ADDRESS 160 NW 13 STREET CITY-ST-ZIP HOMESTEAD, FL 33030				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME HANCK, BARBARA C STREET ADDRESS 160 NW 13 STREET CITY-ST-ZIP HOMESTEAD, FL 33030				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: DAVID E. HALLSTRAND 12/13/05 786-662-7022 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>							