
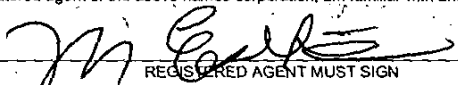
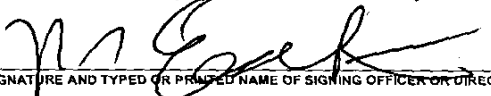


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000068388			
1. Corporation Name Eagle Ridge Medical Center Co.			
2. Principal Office Address 1030 Chalet Suzanne Rd Suite, Apt. #, etc. City & State Lake Wales, FL Zip 33859		3. Mailing Office Address 1030 Chalet Suzanne Rd Suite, Apt. #, etc. City & State Lake Wales, FL Zip 33859	
		4. Date Incorporated or Qualified To Do Business in Florida July 18, 2000	
		5. FEI Number 59-3658619	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent			
Name Margaret Eastham MD			
Street Address (P.O. Box Number is Not Acceptable) 1030 Chalet Suzanne Rd			
Suite, Apt. #, Etc.			
City Lake Wales		State FL	Zip Code 33859
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 4/9/03	
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
Pres.	Margaret Eastham	1030 Chalet Suzanne	Lake Wales, FL 33859
sec.	Margaret Eastham	same	
Treas.	Margaret Eastham	same	
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 4/9/03 (863) 679-1818	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR 17 PM 3:08

REINSTATEMENT 01-03

CR2081 (10/02)