PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 30 AM 11:54

DOCUMENT # P00000092363

1. Corporation Name
Barr Medical Center, Inc.

900186092159
09/30/10--01035--003 **900.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2350 W Oakland Park Blvd	2350 W Oakland Park Blvd
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Ft Lauderdale, FL	City & State: Ft Lauderdale, FL
Zip: 33311 Country: USA	Zip: 33311 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/28/2000

5. FEI Number: 65-1058857 ☐ 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: Sonnie Barr

Street Address (P.O. Box Number is Not Acceptable): 2350 W Oakland Park Blvd

Suite, Apt. #, Etc.: Suite 900

City: Ft Lauderdale State: FL Zip Code: 33311

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: Sonnie Barr Date: 9/28/10
REGISTERED AGENT MUST SIGN

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
PD	Sonnie Barr	2350 W Oakland Park Blvd	Ft Lauderdale, FL 33311

REINSTATEMENT

10/1/10
09-10

10. **E-mail Address:** Sonerv@aol.com
(To be used for future annual report notification)

11. 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. I further certify, 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: Sonnie Barr 9/28/10 954-731-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #