1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 01 02

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB 28 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102271

1. Corporation Name
PASTEUR MEDICAL CENTER, INC.

2. Principal Office Address	3. Mailing Office Address
4578 W 12 Avenue	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State HIALEAH, FL	City & State
Zip 33012 Country U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 10/31/00

5. FEI Number 65-1050883 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: GERARDO A. NECUZE

Street Address (P.O. Box Number is Not Acceptable): 16543 NW 5th COURT

Suite, Apt. #, Etc. —

City: PEMBROKE PINES State: FL Zip Code: 33028

000005257210---4
-04112702--01048--015
****300.00 ****300.00

CR2E081 (9/01)

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: [signature] REGISTERED AGENT MUST SIGN Date 2/13/01

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
V.P.	LUIS A. PEREZ	1719 RED RD.	CORAL GABLES, FL 33134
Pres.	GERARDO A. NECUZE	16543 NW 5th Ct.	Pembroke Pines, FL 33028
Treasurer	MANUEL A. ENRIQUEZ	1725 RED ROAD	CORAL GABLES FL 33134

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: LUIS A. PEREZ [signature] 2/13/01 (305) 628-1959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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February 13, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Examiner:

Please be advised that I, Gerry A. Necuze, as President and C.E.O. of Pasteur Medical Center, Inc. ("PMC"), never received the Uniform Business Report for the year 2001 from the Division of Corporations in Tallahassee, Florida. I was informed by one of your examiners that the Division of Corporations has on record a confirmation of the above thereby entitling PMC to a waiver of the $600 reinstatement penalty fee. As such, enclosed is PMC's application for reinstatement along with a check for $300 reflecting the proper filing fee.

Gerry A. Necuze
Pasteur Medical Center, Inc.
4578 West 12th Avenue
Hialeah, Florida 33012
(305) 828-1989