PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

YEAR 2002

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

FILED
02 MAY 21 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090796

1. Corporation Name
ZENITH MEDICAL CENTER CORP.

2. Principal Office Address	3. Mailing Office Address
8900 CORAL WAY	13931 S.W. 22ND ST.
Suite, Apt. #, etc.: SUITE 207	Suite, Apt. #, etc.:
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33165 Country: U.S.A.	Zip: 33175 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: FEB. 26/02

5. FEI Number: 65-1143171 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HELVIO ALONSO

300005554393--5
-05/16/02--01028--016
****158.75 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 13931 S.W. 22ND ST.

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33175

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] Date: 04-26-02
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	HELVIO ALONSO	13931 SW 22ND ST.	MIAMI, FL 33175
VD	ANGEL L. CASTANEDA	2389 W 73RD PLACE	HIALEAH, FL 33016

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: [signature] HELVIO ALONSO 04-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #