


2004 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P02000068141 |  |
| 1. Entity Name TIERRA VERDE MEDICAL CENTER, INC. | |

FILED

04 OCT 25 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 1110 PINELLAS BAYWAY UNITS 113 & 114 TIERRA VERDE, FL 33715 | Mailing Address 366 6TH AVE. NO. TIERRA VERDE, FL 33715 US |
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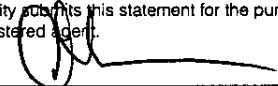
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|--------------------------------|---------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address 422 3RD AVE. N. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

10072004 REIN-P CR2E098 (6/04)

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| City & State TIERRA VERDE FL. | 4. FEI Number 03-0463021 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33715 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SCHERER, MARIE-FRANCE M.D. 366 6TH AVENUE NORTH TIERRA VERDE, FL 33715 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 422 3RD AVE. N. City TIERRA VERDE FL Zip Code 33715 |
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8. 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.

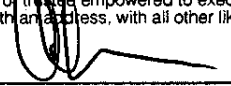
SIGNATURE  DATE 10/6/04

(NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHERER, MARIE-FRANCE M.D. 366 6TH AVENUE NORTH TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 422 3RD AVE N. TIERRA VERDE FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHERER, ALAIN R 366 6TH AVENUE NORTH TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 422 3RD AVE N. TIERRA VERDE FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10/25/04-01082-002 422 3RD AVE N. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200042164362 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10/25/04-01082-002 ***\$300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, 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:  Alan R. Scherer DATE 10/6/04 727-692-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR