2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000149453

Entity Name: PALM BEACH REGIONAL MEDICAL CENTER, INC.

FILED Apr 28, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

5761 SOUTH ORANGE BLOSSOM TRAIL 4959 N. STR 7 SUITE 5 SUITE A

ORLANDO, FL 32839 TAMARAC, FL 33319

Current Mailing Address: New Mailing Address:

5761 SOUTH ORANGE BLOSSOM TRAIL 4959 N. STR 7 SUITE 5 SUITE A

ORLANDO, FL 2839 TAMARAC, FL 33319

FEI Number: 20-3773760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEAUPLAN, RODNEL BEAUPLAN, RODNEL 5761 SOUTH ORANGE BLOSSOM TRAIL 4959 N. STR 7 SUITE A SUITE 5

ORLANDO, FL 32839 US TAMARAC, FL 33319 US

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.

SIGNATURE: RODNEL BEAUPLAN 04/28/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: DOMOND, LHERISSON DOMOND, LHERISSON Name: Name:

5761 SOUTH ORANGE BLOSSON TRAIL Address: 4959 N. STR 7 Address:

City-St-Zip: ORLANDO, FL 32839 US City-St-Zip: TAMARAC, FL 33319 US

() Delete Title: Title: (X) Change () Addition

Name: VIRGILE, JEAN R SEC Name: VIRGILE, JEAN R SEC 5761 SOUTH ORANGE BLOSSOM TRAIL Address: 4959 N. STR 7 Address: City-St-Zip: ORLANDO, FL 32839 TAMARAC, FL 33319 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN R VIRGILE SEC 04/28/2009