PLEASE READ ALL	INSTRUCTIONS BEFORE (COMPLETING TI	HIS FORM.
	· · · · · · · · · · · · · · · · · · ·	T.William	eli disarchini dik

	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations						2	DEC 31 PM	⊵ :Ó7
DOCL 1. Corporat	JMENT	# Po6	000020370						
Promise	Hospital o	f Ascension,	Inc.						
							6	0037898	3136
c/o Advisory Trust Group, LLC 10645 N. Oracle Road		c/o Adviso 10645 N.	3. Mailing Office Address c/o Advisory Trust Group, LLC 10645 N. Oracle Road Suite, Apt. #, etc.			CR2E081 (11/10)			
		Suite 1211	Suite 1211-371			Date incorporated or Qualified To Do Business in Florida			
City & State			City & State			02/10/2006 5. FEI Number		Applied For	
Oro Valley, AZ			Oro Valley	Oro Valley, AZ			20-4929219		Not Applicable
85737		USA	85737		USA	•	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
		7. Name and	Address of Current Regis	stered Agen	t				
•		e Company			•				
1201 Hay	ys Street	(Number is Not)	Acceptable)			. -			
Tallahass	see				FL	32301			
8. I, being	appointed the	registered agen	t of the above named corpo	orationy am f	amiliar	with and accept the c	bligations of secti	ion 607.0505 or 617.0503,	F.S.
Signature of Registered /			ANNU REGISTERED AG	nt Vice President MUST		J 		Date01/03/2022	<u></u>
9. Names	and Street Ad	idresses of Each	Officer and/or Director (Fig	orida nonpro	fit corpo	orations must list at le	ast 3 directors)		
Titles		Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / S	State / Zip
Debtor Rep.		Bob Michaelson C/o Advisory Trust Group, LLC 10645 N. Oracle Road, Suite 1			11-371	Oro Valle	y. AZ 85737		
		•			<u>.</u>			 5	
								DEG-9-1 2022	
REINSTAT			<u> </u>			R. HUNT			
^{10.} E-mail	l Address	<u>:</u>	bob michaelson@advi			or future annual report	notification)		
reinstaten	ment application	on, the reason for	r the receiver or trustee em r dissolution has been elimi I. I further cerufy, the inform	powered to	execute orporate	this application as p name satisfies the n	rovided for in char equirements of se	ction 607.0401 or 617.040	1, F.S., and that all fees
if made under eath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided STCNATIOE.						egree felony as provided for 12-22-2021			
		J. J. J.					*	-	/

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500 2022 JAH-4 PH 4:26

ACCOUNT NO. : 12000000195

REFERENCE: 354896 4814048

AUTHORIZATION : Spelle Belle 180

COST LIMIT : \$ 750..00

ORDER DATE: December 29, 2021

ORDER TIME : 2:18 PM

ORDER NO. : 354896-075

CUSTOMER NO: 4814048

DOMESTIC FILINGS

NAME: PROMISE HOSPITAL OF

ASCENSION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - Ext# 6EG-9-1 2022

EXAMINER'S INITIALS R. HUNT