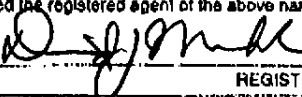


APPROVED
AND
FILED

97 OCT 29 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000039581			
1. Corporation Name WEST PALM OUTPATIENT SURGERY CENTER, INC.			
Principal Place of Business 5500 VILLAGE BLVD., STE. 103 WEST PALM BEACH FL 33407		Mailing Address 5500 VILLAGE BLVD., STE. 103 WEST PALM BEACH FL 33407	
			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. 200 NORTHPOINT PKWY City & State WEST PALM BEACH Zip 33407 Country USA		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 200 NORTHPOINT PKWY City & State WEST PALM BEACH Zip 33407 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 05/23/1994		5. FEI Number 65-0508483	
6. CERTIFICATE OF STATUS DESIRED ☐		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	SCHILERO, JOHN	5500 VILLAGE BLVD. #103	WEST PALM BEACH FL 33407
VPT	TANNENBAUM, BRUCE	5500 VILLAGE BLVD. #103	WEST PALM BEACH FL 33407
S	SMITH, Mathew J. DO	5500 VILLAGE BLVD. #103	WEST PALM BEACH FL 33407
REINSTATEMENT			
8. Name and Address of Current Registered Agent MENKHAUS, DAVID J 4800 N. FEDERAL HWY., STE. 210-A BOCA RATON FL 33431		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 10/27/97 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)			
12. 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:  Date 10/28/97 561-615-0110 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			

CH2500 (10/97)