PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97

FILED
98 JAN -8 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067664

1. Corporation Name
LATCU AMBULATORY SURGICAL CENTER, INC.

Principal Place of Business	Mailing Address
STATE RD. 100 KEYSTONE HEIGHTS FL 32656	P. O. BOX 674 KEYSTONE HEIGHTS FL 32656

REINSTATEMENT A0118

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 09/12/1994

5. FEI Number: 59-3270506 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	GRIFFIS, J D	P.O. BOX 98 N/A	RAIFORD FL 32083
Sec/Treas	Griffis, John Gregory	P.O. Box 98, N/A	Raiford, FL. 32083
			100002398181--3 -01/13/98--01039--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

COOPER, JOHN S ESQUIRE
JOHN S. COOPER, P. A.
100 W. CALL ST.
STARKE FL 32091

9. Name and Address of New Registered Agent

Name: Tom Williams
Street Address (P.O. Box Number is Not Acceptable): 280 Corporate Way
Suite, Apt. #, Etc.: 0
City: Orange Park | State: FL | Zip Code: 32073

CR2E040 (8/97)

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: [signature] Date: 1/3/98
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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #