PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 FEB 26 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041494 (2)

1. Corporation Name

LAKEWOOD PARK MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
5061 SUNSHINE STATE PKWY FT PIERCE FL 34951	5061 SUNSHINE STATE PKWY FT PIERCE FL 34951

REINSTATEMENT 91-98

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: 05/22/1995

5. FEI Number: 65-0585266 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is 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
D	MARJIEH, ZIAD, M.D.	2100 NEBRASKA AVE, STE	105 FT PIERCE FL 34950

800002445486--6
-03/03/98--01047--024
****900.00 ****900.00

2/20/98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
STUART B KLEIN 1551 FORUM PL SUITE 400B WEST PALM BEACH FL 33401	Name: ROBERT V. SCHWERER Street Address (P.O. Box Number is Not Acceptable): 515 S INDIAN RIVER DR Suite, Apt. #, Etc.: City: FT PIERCE State: FL Zip Code: 34950

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 2/25/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: _____ 2/25/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ZIAD MARJIEH