APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

00 OCT 25 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000054722

1. Corporation Name
PhyMatrix Endoscopy Center, Inc.

Principal Place of Business	Mailing Address
10 Dorrance Street Ste 400 Providence, RI 02903	~~111 8th Avenue~~ ~~New York~~ ~~NY 10011~~

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
	10 Dorrance Street
Suite, Apt. #, etc.	Suite 400
City & State	Providence RI
Zip / Country	Zip 02903 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/27/96

5. FEI Number: 65-0678609 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City/State/Zip
Director, CEO + Pres	Michael T. Heffernan	10 Dorrance Street, Ste. 400	Providence, RI 02903
CFO, Treas + Secty	Gary S. Gillheeney	10 Dorrance (same) Street, ste 400	Providence, RI 02903

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***1050.00 ***1050.00

REINSTATEMENT 10-25-00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation — State: FL — Zip Code: 33324

CR2E031(1/95)

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: Lauren A. Krentzman — Date: 10/16/00

REGISTERED AGENT MUST SIGN

LAUREN A. KRENTZMAN, ASSISTANT SECRETARY

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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] — 10/19/00 — 401-831-6755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - CT System Online