PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUL -5 PM 6:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000014802

1. Corporation Name
Gardens Surgery Center of Palm Beach County, Inc.

Principal Place of Business
3801 PGA Blvd
Suite 902
Palm Beach Gardens, FL 33410

Mailing Address
10 Dorrance Street
Suite 400
Providence RI 02903

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

REINSTATEMENT 00-00

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

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

4. Date Incorporated or Qualified To Do Business in Florida: 2/14/97 SP

5. FEI Number: 65-0731987 ☐ 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
VP, CEO + Pres	Michael T. Heffernan	10 Dorrance Street Suite 400	Providence, RI 02903
FO, Asst Sec'y	Gary S. Gillheeney	10 Dorrance Street Suite 400	Providence, RI 02903

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***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

CT Corporation System
200 South Pine Island Road
Plantation, FL 33324

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

CR2E081 (12/98)

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Name of Registered Agent: LAUREN H. KREATZ, SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT SIGNATURE
Date

This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

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: Gary S. Gillheeney 6/22/00 401 831-6755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #