PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris* FOR PR Secretary of State IVISION OF CORPORATIONS REINSTATEMENT 991/AR 25 PM 4: 12 AZLLAHAZSEZ, FLORIDA SOUTH BAY MEDICAL CENTER, INC. Principal Place of Business Mailing Address 161-S. US HIGHWAY 27 P.O. BOX 177 SOUTH BAY, FL 33493 SOUTH BAY, FL 33493 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 Nov . 19, 1997 Suite, Apt. #, etc. Suite, Apt. #. etc 65-079-5132 City & State City & State Zip Country Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) 2020 NW Mustreet PIERRE R. BLEMUR, H.D. MIAHI , FL 33143 Miami, FL 33143 161-5. US HIGHWAY 27 500TH BAY, FL 33493 ILA JIHENE2 300002826233:--2 -04/01/99---01052---007 ****900.00 8. Name and Address of Current Registered Agent Name and Address of New Registered Name JLA JIMENEZ Street Address (P.O. Box Number is Not Acceptable) 161-5. US HIGHWAY 27 Suite, Apt. #, E1c SOUTH BAY, FL 33493 State Zip Code City 10. I, being appointed the registered agent of the above y med corporation, am familiar with and accept the obligations of Section 607.0505, F.S March 22, 1999 Signature of Registered Agent ERED AGENT MUST SIGN 11. This corporation owes the current year 1999 (See other side for information on intangible tax.) Wes No Do 1198 since it was 1st yrg business. Intangible Personal Property Tax due June 30 12. Loertify 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 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: PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR