
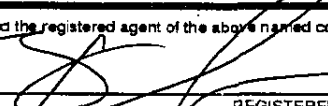



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

 <b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  00 OCT 19 PM 3:24  SECRETARY OF STATE TALLAHASSEE FLORIDA	
<b>DOCUMENT #</b> P98000024935 1. Corporation Name Sunrise Regional, Inc.					
2. Principal Office Address 555 SW 148 Avenue Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.		<b>REINSTATEMENT</b>	
City & State Sunrise, FL		City & State Sunrise, FL			
Zip 33325	Country USA	Zip 33325	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 3/17/98  5. FEI Number 65-0820269 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> For An Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  <b>BRIAN COURTNEY, ASST. V.P.</b> Date 10/19/2000 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
Pres.	Michael C. Piercey, M.D.	555 SW 148 Avenue	Sunrise, FL 33325		
VP	Manuel R. Llano	555 SW 148 Avenue	Sunrise, FL 33325		
10. 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)(f), 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.					
<b>SIGNATURE:</b> 		Vice President		10/18/00 (954) 370-0200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

KE