



2009 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # S31434 1. Entity Name SURGERY CENTER OF BOCA RATON, INC. | | | |  | |
| Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 US | | | | Mailing Address P.O. BOX 380546 BIRMINGHAM, AL 35238 US | |
| 2. Principal Place of Business - No P.O. Box # 3000 Riverchase Galleria Suite, Apt. #, etc. Suite 500 City & State Birmingham, AL Zip 35244 Country US | | 3. Mailing Address 3000 Riverchase Galleria Suite, Apt. #, etc. Suite 500 City & State Birmingham, AL Zip 35244 Country US | |  REINSTATEMENT 08-09 <small>02022009 REIN-P CR26098 (1/0)</small> | |
| 4. FEI Number 62-1509341 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO. PINE ISLAND RD. PLANTATION, FL 33324 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | | | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="text-align: right;"> 200147981182 03/30/09--01048--015 ***300.00 <small>DATE</small> </div> | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| FILE NOW!!! FEE IS \$300.00 | | | | 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PCD GRINNEY, JAY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | | <input checked="" type="checkbox"/> Delete | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VD SNOW, MICHAEL D ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP CPD Andrew P. Hayek 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP AS MARTIN, JODY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VT WORKMAN, JOHN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP VD Joseph T. Clark 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD WHITTINGTON, JOHN P ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VP MCANDREWS, JAMES P III ONE HEALTHSOUTH PKWY. BIRMINGHAM, AL 35243 | | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP AS Jody Martin 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VD Richard L. Sharff, Jr. 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244 | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP VT William L. Wann, Jr. 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Steven J. Hutkai 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244 | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD Steven J. Hutkai 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Steven J. Hutkai</u> Steven J. Hutkai, VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>2/5/09</u> (205) 545-2572 <small>Daytime Phone #</small> | |