PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -1 AM 10:55

DOCUMENT # S69856

REINSTATEMENT 98-04

1. Corporation Name
Hialeah Ambulatory Care Center, Inc.

2. Principal Office Address	3. Mailing Office Address
3820 State Street	3820 State Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Barbara, California	City & State: Santa Barbara, California
Zip: 93105 Country: USA	Zip: 93105 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/31/1991

5. FEI Number: 65-0252373 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current 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

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: [signature] REGISTERED AGENT MUST SIGN Date: 6/30/04

CR2EM1 (10/02)

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
D/S	Caitlin M. Larsen	3820 State Street	Santa Barbara, California 93105
P	Ana Mederos, CEO	c/o 3820 State Street	Santa Barbara, California 93105
T	Dennis L. Dent	3820 State Street	Santa Barbara, California 93105

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)(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: [signature] Caitlin M. Larsen, Director 805-563-7000
OFFICER/DIRECTOR Date Daytime Phone #

FLR1a. 10/03/2003 CT System Online

Florida Department of State
Division of Corporations
Public Access System

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Account Number : FCA000000023
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CORPORATION REINSTATEMENT

HIALEAH AMBULATORY CARE CENTER, INC.

Certificate of Status	0
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