


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 712530</b> 1. Entity Name <b>AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.</b>						<b>FILED</b> <b>05 NOV -7 PM 3:47</b> SECRETARY OF STATE 30006122050512 FLORIDA 11/07/05--01068-018 ***\$1.25	
Principal Place of Business <b>5731 BEE RIDGE ROAD</b> <b>SARASOTA, FL 34233 US</b>				Mailing Address <b>5731 BEE RIDGE ROAD</b> <b>SARASOTA, FL 34233 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-1728792</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>IAN T. MCKENZIE</b> <b>4510 LAKECREST PLACE</b> <b>SARASOTA, FL 34233</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5731 BEE RIDGE ROAD</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34233</b>			
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.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10/26/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROEMBKE, NORMA 4346 CENTER POINTE LANE SARASOTA, FL 34233 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROEMBKE, NORMA 5731 BEE RIDGE ROAD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COCHRAN, JEAN 6254 SHEPS ISLAND RD. SARASOTA, FL 34241 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, JOAN 5731 BEE RIDGE ROAD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKENZIE, IAN T 4510 LAKECREST PLACE SARASOTA, FL 34233 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKENZIE, IAN T 5731 BEE RIDGE ROAD SARASOTA, FL 34233 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUDSEN, EUNICE 4518 WHIRLANAY DRIVE SARASOTA, FL 34233 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	J JANTZEN, CAROL 5731 BEE RIDGE ROAD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, RUTH 6726 WILLOW POND LE SARASOTA, FL 34240 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SEBENS, NIFA 5731 BEE RIDGE ROAD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>10/26/05</b> Daytime Phone # <b>(941) 377-4940</b>			