## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

			·		=				
DOCU	MENT # 712530		S. T.			1	FILED		
1. Entity Name								N. 1. 7	
AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.					!	05 NOV	1-7 PH (	3: 4/	
	·	<u> </u>		1105	}		ADY DE S	TATE	
Principal Place of Business Mailing Address					300	10512点		ORIDA	
5731 BEE RIDGE ROAD 5731 BEE RIDGE ROA SARASOTA, FL 34233 US SARASOTA, FL 34233			US		11/07/0	コロム かませ 150106961	语" <del>相</del> 纪"。	25	
Shidiso In, I		3/10/30/1/12 34233	, 03				4 54511 Blow 4-51		
			·						
2. Principal Place of Business		3. Mailing Address				I IINNI NIINN ILIIK NEIL EINI EEN	H 63611 61511 61511 1111	UKBK BI UKBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10112005 BE	IN-NP CR	2E099 (6/04)		
		0.00							
City & State		City & State		•	4. FEI Number 59-172879	92	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	\$8.75 Add		
			· , -		<u> </u>		Fee Required	d	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
IAN T. MCKIENZIE									
4510 LAKECREST PLAGE  SARASOTA, FL 34233  Street Address (P.O. Box Number is Not Acceptable)									
0, 11 0 10 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		57	31	BEE R	IDGE LDA	<b>D</b>		
					Zio Code				
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									
	ons of registered agent.		•		<b>5,</b>				
		•		٠,		10/2	LINC		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstarting)  DATE									
FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2006, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the Corporation did not receive the prior notice.									
10.	OFFICERS AND DIRE		11,		<del></del>	SES TO OFFICERS AND			
TITLE	V	Delete	TITLE	P	100101011010	ES 15 OFFICE REPARE	Change	Addition	
NAME	ROEMBKE, NORMA	•	NAME ·	Ro≤1		NORMA	-	_	
STREET ADDRESS CITY-\$1-ZIP	4346 CENTER POINTE LANE SARASOTA, FL 34233	•	. STREET ADDRESS CITY-ST-ZIP	577	SI BERÉ RI LASOTA, F	1068 KOAD			
TITLE	T 34233	• Delete	TITLE	V	CH 2014 , 1-	2 3 7 2 3 5	Change	€ Addition	
NAME	COCHRAN, JEAN	· Delete	NAME	WHI	TE . JOA	٦	-	, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS	6254 SHEPS ISLAND RD.		STREET ADDRESS	3 73	1 BEE R	LIDGE ROA	D.		
CITY-ST-ZIP	SARASOTA, FL 34241	· · · · · · · · · · · · · · · · · · ·	CITY+ST-ZIP	24	RA3074.	FL 34233			
TITLE NAME	MCKENZIË, IAN T	• Delete	TITLE NAME	m ck	ENZIE . 1	AN T	Change	☐ Addition	
STREET ADDRESS	4510 LAKECREST PLACE		STREET ADDRESS			LIDGE ROAP			
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP	245	430TA,	FL 34233	<u> </u>		
TITLE	S	Detete	TITLE	5	NT ZEN.	CAROL	🔀 Change	Addition	
NAME STREET ADORESS	HUDSEN, EUNICE 4518 WHIRLANAY DRIVE		NAME STREET ADDRESS	150	· • · · ·	RIDGE ROY	40		
CITY-ST-ZIP	SARASOTA, FL 34233		· CITY-ST-ZIP	120	LASOTA,	FL 34233			
TITLE	Р	Delete	TITLE	AT			Change Change	Addition	
NAME STREET ADDRESS	DUNN, RUTH 6726 WILLOW POND LE		NAME STREET ADDRESS	3 1	BENS, 1	VIFA	A.A.A		
CITY-ST-ZIP	SARASOTA FL 34240	-	CITY-ST-ZIP	3 4	131 BEZ	RIDGE R			
TITLE		☐ Delete	TITLE		•	, I	☐ Change	☐ Addition	
NAME :			NAME	-	In 1				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		B(11/8				
	ertify that the information supplied with the	is filing does not qualify for th		ted in Se	ction 119.07(3)(i). Fl	orida Statutes. I further	certify that the in	formation	
12. I hereby certify that the information supplied with this filling 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.									
SIGNATURE: 10 26/05 (941) 377-4940									
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date									