

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N49221

1. Corporation Name

H.R.M.C. AUXILIARY, INCORPORATED

Principal Place of Business

C/O HEALTHMARK REGIONAL MEDICAL CENTER  
4413 U.S. HIGHWAY 331 SOUTH  
DEFUNIAK SPRINGS FL 32433 32435  
US

Mailing Address

HRMC AUXILIARY INC  
223 SQUIRREL RD 273 Squirrel Rd  
DEFUNIAK SPRINGS FL 32433  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~Same~~  
Suite, Apt. #, etc.

~~Same~~  
City & State

~~Same~~  
Zip

Country

3. New Mailing Office Address, If Applicable

~~Same~~  
Suite, Apt. #, etc.

~~Same~~  
City & State

~~Same~~  
Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1992

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	MCHENRY, SANDRA BETTY J. BEAN	380 MCHENRY RD. 869 JUNIPER LAKE DRIVE	PONCE DE LEON FL 32455 DE FUNIAK SPGB., 32433
VPD	ARMSTEAD, SOLONA ELLIN A. OSBURN	2520 HWY. 8 L S 273 SQUIRREL RD	PONCE DE LEON FL 32455 DE FUNIAK SPGB., 32433
RS D	DIXON, CAROL	6061 CO. HWY. 278	DEFUNIAK SPRINGS FL 32433
GSD	LEE, PHYLLIS	1030 JUNIPER LAKE DRIVE	DE FUNIAK SPGB. FL
TD	OSBURN, ELLIN SHARON KELLEY	273 SQUIRREL ROAD 175 STEWART CIRCLE	DE FUNIAK SPGB. FL 32535 DE FUNIAK SPGB, FL
G.S. HGR-D	THELMA HOPEK	P.O. BOX 892	DE FUNIAK SPGB, FL 32435

8. Name and Address of Current Registered Agent

OSBURN, ELLIN  
273 SQUIRREL ROAD  
DEFUNIAK SPRINGS FL 32433

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Ellin A. Osburn

REGISTERED AGENT MUST SIGN

Date

Nov 4, 2003

11. 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:

Sharon Kelley

Sharon Kelley, Treasurer-Director 11/13-04 850-951-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E040 (7/03)