

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 702181

FILED
Oct 17, 2011
Secretary of State

Entity Name: ST. JOSEPH HOSPITAL OF PORT CHARLOTTE, FLORIDA, INC.

Current Principal Place of Business:

1505 MARRIOTTSTVILLE ROAD
MARRIOTTSTVILLE, MD 21104

New Principal Place of Business:

2500 HARBOR BLVD.
PORT CHARLOTTE, FL 33592

Current Mailing Address:

1505 MARRIOTTSTVILLE ROAD
MARRIOTTSTVILLE, MD 21104

New Mailing Address:

2500 HARBOR BLVD.
PORT CHARLOTTE, FL 33592

FEI Number: 59-0968303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ST. JOSEPH HOSPITAL VOLUNTEER AUXILIARY
2500 HARBOR BLVD.
PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: HELEN KRAMER, PRESIDENT

10/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: KRAMER, HELEN
Address: 22414 BLANCHARD AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP
Name: WILBUR, PEGGY C WILBUR
Address: 12144 SW EGRET CIRCLE, #702
City-St-Zip: LAKE SUZY, FL 34269

Title: TREA
Name: STRALKO, MARTHA
Address: 1515 LANCO STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HELEN KRAMER

PRES

10/17/2011

Electronic Signature of Signing Officer or Director

Date