2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#710095

FILED Oct 12, 2011 Secretary of State

Entity Name: ALL CHILDREN'S HOSPITAL GUILD, INC.

Current Principal Place of Business: New Principal Place of Business:

500 SEVENTH AVE., S 6TH FLOOR

SAINT PETERSBURG, FL 33701 US

Current Mailing Address: New Mailing Address:

P.O. BOX 3142 500 SEVENTH AVE., S

SAINT PETERSBURG, FL 33731 US

FEI Number: 59-6173263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSBURN, AVRIL 500 7TH AVE. S

SAINT PETERSBURG, FL 33701 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: AVRIL OSBURN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CC

 Name:
 RUSSELL, CAROL

 Address:
 500 SEVENTH AVE. S.

 City-St-Zip:
 ST. PETERSBURG, FL 33701

Title: CE

 Name:
 ALBANO, PEGGY

 Address:
 500 SEVENTH AVE. S.

 City-St-Zip:
 ST. PETERSBURG, FL 33701

Title:

 Name:
 GREENE, JENNIFER

 Address:
 500 SEVENTH AVE. S.

 City-St-Zip:
 ST. PETERSBURG, FL 33701

Title: TE

 Name:
 LANDA, LYDIA

 Address:
 500 SEVENTH AVE. S.

 City-St-Zip:
 ST. PETERSBURG, FL 33701

Title: RS

 Name:
 LAGRANDE, MINDY

 Address:
 500 SEVENTH AVE. S.

 City-St-Zip:
 ST. PETERSBURG, FL 33701

Title: CS

 Name:
 ROBERTS, CLAUDIA

 Address:
 500 SEVENTH AVE. S.

 City-St-Zip:
 ST. PETERSBURG, FL 33701

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: CAROL RUSSELL P 10/12/2011