
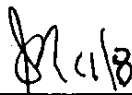


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 712530						FILED 05 NOV -7 PM 3:47 SECRETARY OF STATE 30005 12th Street, FLORIDA 11/07/05--01068-018 \$61.25					
1. Entity Name AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.				Principal Place of Business 5731 BEE RIDGE ROAD SARASOTA, FL 34233 US				Mailing Address 5731 BEE RIDGE ROAD SARASOTA, FL 34233 US			
2. Principal Place of Business		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.		10112005 REIN-NP CR2E099 (6/04)			
City & State		City & State		4. FEI Number 59-1728792		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country								
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
IAN T. MCKENZIE 4510 LAKECREST PLACE SARASOTA, FL 34233				Name Street Address (P.O. Box Number is Not Acceptable) 5731 BEE RIDGE ROAD City SARASOTA FL Zip Code 34233							
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 _____				10/26/05				DATE		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$61.25 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.				Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROEMBKE, NORMA 4346 CENTER POINTE LANE SARASOTA, FL 34233	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROEMBKE, NORMA 5731 BEE RIDGE ROAD SARASOTA, FL 34233	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COCHRAN, JEAN 6254 SHEPS ISLAND RD. SARASOTA, FL 34241	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, JOAN 5731 BEE RIDGE ROAD SARASOTA, FL 34233	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKENZIE, IAN T 4510 LAKECREST PLACE SARASOTA, FL 34233	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKENZIE, IAN T 5731 BEE RIDGE ROAD SARASOTA, FL 34233	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUDSEN, EUNICE 4518 WHIRLANAY DRIVE SARASOTA, FL 34233	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JANTZEN, CARL 5731 BEE RIDGE ROAD SARASOTA, FL 34233	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, RUTH 8726 WILLOW POND LE SARASOTA, FL 34240	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SEBENS, NIFA 5731 BEE RIDGE ROAD SARASOTA, FL 34233	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.											
SIGNATURE: _____				10/26/05		(941) 377-4940		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											