2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2013
Secretary of State

DOCUMENT# 714801

Entity Name: MARY LEE DEPUGH NURSING HOME ASSOCIATION, INC.

Current Principal Place of Business:

550 WEST MORSE BLVD.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

550 WEST MORSE BLVD.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-1104552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMES, LAURENCE C
130 PARK AVENUE SOUTH
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SORGER, MILLIE
550 W. MORSE BLVD
WINTER PARK, FL 32789 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: MILLIE SORGER 10/15/2013
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: HAMES, JANE P
Address: 130 WINTER PARK AVENUE SOUTH
City-St-Zip: WINTER PARK, FL 32789

Title: VP/D
Name: CASTRO, IVAN M.D.
Address: 1850 GREENWICH AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: S/D
Name: BALDWIN, RICHARD O JR.
Address: 1550 DALE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: T/D
Name: WILLIAMS, JESSICA
Address: 450 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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: MILLIE SORGER MS 10/15/2013
Electronic Signature of Signing Officer or Director Date