

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **729574**

1. Corporation Name

**SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER AUXILIARY, INC.**

Principal Place of Business

Mailing Address

**2727 WINKLER AVE.  
FORT MYERS FL 33901**

**2727 WINKLER AVE.  
FORT MYERS FL 33901**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**05/03/1974**

5. FEI Number

**59-1736762**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPD	MILLER, BARBARA	1624 PINE VALLEY DRIVE	FT MYERS FL
CS	BATES, MURIEL	4670 BLACKBERRY DR	FORT MYERS FL 33905
PS PD	CAMPBELL, WANDA	9704 MAPLECREST CIR. 9010 W. Ridge Cr.	LEHIGH ACRES FL 33836 FT Myers, FL 33912
TD	ELKIN, NANCY	5989 PARK RD., S.W.	FT MYERS FL
SD VPD	GOWDERS, GEORGE ANN Sheu, Shirley	1740 PINE VALLEY DRIVE 546 Bruce Cr.	FT MYERS FL 33919
rs	Newman, Joan	15091 Beggs Way #5101	FT Myers, FL 33912

8. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

**GOLDBERG, MORTON A.  
2201 MAIN STREET  
FORT MYERS FL**

Name

**Loretta Thomas, Dir. of Vol.**

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

**2727 Winkler Ave**

Suite, Apt. #, Etc.

**FT Myers**

City

State

Zip Code

**FL 33901**

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.

Signature of Registered Agent

**Loretta Thomas**  
REGISTERED AGENT MUST SIGN

**300004679763-12**

**-11/15/01--01004-10113**

**\*\*\*\*236.25 \*\*\*\*236.25**

Date **10/24/01**

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:

**Wanda Campbell Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/24/01 (941) 225-0132**