

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 730596	
1. Entity Name THE MEDICAL CENTER AT OCEAN REEF, INC.	
Principal Place of Business 30 OCEAN REEF DR. KEY LARGO, FL 33037	Mailing Address 30 OCEAN REEF DR. KEY LARGO, FL 33037



FILED

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TALLAHASSEE, FLORIDA



10047002 REINSTATEMENT 07

2. Principal Place of Business - No P.O. Box # 50 BARRACUDA LANE Suite, Apt. #, etc.		3. Mailing Address 50 BARRACUDA LN Suite, Apt. #, etc.	
City & State KEY LARGO, FL Zip 33037 Country USA		City & State KEY LARGO, FL Zip 33037 Country USA	

4. FEI Number 23-7438190	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOSTRO, LOIS 201 SO BISCAYNE BLVD MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATS DELGADO, GAIL 239 S. BAY HARBOR DR. KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SKOGLUND, ADELAIDE 17 CARD SOUND KEY LARGO, FL 33037 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATS KEITH YOUNG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	300112049523 11/06/07--01061--004 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN JAY T HOLMES 42 SPADEFISH LN KEY LARGO, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE CHAIRMAN PATRICK LEE 13 SUNRISE CAY DR KEY LARGO, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER PAUL R BISHOP 15 NORTH PELICAN DR KEY LARGO, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/24/2007 (305) 367-2600
Daytime Phone #