

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # 757302 1. Entity Name CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY ING.						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 07 OCT 12 AM 9:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1401 W SEMINOLE BLVD SANFORD, FL 32771				Mailing Address 1401 W SEMINOLE BLVD SANFORD, FL 32771			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent LEFILS, GREGORY 161 E ROSE AVE. ORANGE CITY, FL 32763				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				10092007 REIN-NP CR2E099 (1/07)			
4. FEI Number 59-2698937				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				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.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUGUID, SUZANNE 3755 PINE HURST ST DELTONA, FL 32738	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYONS, ANN 13551 Devenshire Ct. Grand Island, FL 32735	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, MARGARET P 711 E 1ST ST SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANTHONY, Dorothy 1718 Pine Ridge Rd. Sanford, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALLACE, PHYLLIS D 2414 PALMETTO AVE SANFORD, FL 32771	<input type="checkbox"/> Delete	<div style="text-align: center;"> 800110744598 10/12/07--01065--022 **70.00 </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TITTLE, LINDA 113 MEADOW BLVD SANFORD, FL 32771	<input type="checkbox"/> Delete	<div style="text-align: center;"> REINSTATEMENT 2007 </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS JONES, JUDY 7221 LK DR SANFORD, FL 32771	<input type="checkbox"/> Delete	<div style="text-align: center;"> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE CANFIELD, LYNDALE 129 RABUNCT SANFORD, FL 32773	<input type="checkbox"/> Delete	<div style="text-align: center;"> </div>				
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: <u>Phyllis D. Wallace</u> Phyllis D. Wallace <u>10/9/07</u> <u>407-323-2694</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

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CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY, INC.
1401 W. SEMINOLE BLVD.
SANFORD, FL 32771

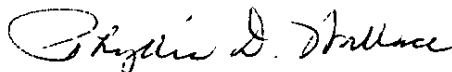
October 9, 2007

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Document 757302, FEI 59-2698937

Enclosed please find Reinstatement form for the above organization. I did not receive forms to fill out previously.

Sincerely,



Phyllis D. Wallace, Treasurer

Enc. Form and check