2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 10, 2014
Secretary of State

DOCUMENT# 760277

Entity Name: HICKORY STREET MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1350 SOUTH HICKORY STREET
MELBOURNE, FL 32901 US

New Principal Place of Business:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

Current Mailing Address:

6450 US HWY #1
ROCKLEDGE, FL 32955 US

New Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHIAS, DAVID E.
6450 US HWY #1
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MATHIAS, DAVID E.
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 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: DAVID E. MATHIAS 02/10/2014
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD
Name: FELKNER, JOSEPH G
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD
Name: MATHIAS, DAVID E
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: PD
Name: RECTOR, DREW A
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32901

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: DREW A. RECTOR P 02/10/2014
Electronic Signature of Signing Officer or Director Date