

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 760386

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** LEHIGH HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

1500 LEE BLVD  
LEHIGH ACRES, FL 33936 US

**New Principal Place of Business:**

**Current Mailing Address:**

1500 LEE BLVD  
LEHIGH ACRES, FL 33936 US

**New Mailing Address:**

**FEI Number:** 59-2190899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROTONDO, BORGHILD  
919 HUDSON STREET  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

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:** BORGHILD ROTONDO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ADKINS, EILEEN  
**Address:** 324 ROOSEVELT AVENUE  
**City-St-Zip:** LEHIGH ACRES, FL 33972

**Title:** VP  
**Name:** ROTONDO, BORGHILD  
**Address:** 919 HUDSON AVENUE  
**City-St-Zip:** LEHIGH ACRES, FL 33936

**Title:** RS  
**Name:** PICA, JOAN  
**Address:** 23 CONNECTICUT ROAD  
**City-St-Zip:** LEHIGH ACRES, FL 33936

**Title:** T  
**Name:** KING, LEANORE  
**Address:** 502 GERALD AVENUE  
**City-St-Zip:** LEHIGH ACRES, FL 33972

**Title:** D  
**Name:** MOHR, ROSEMARY  
**Address:** 106 CANTON AVE  
**City-St-Zip:** LEHIGH ACRES, FL 33972

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:** BORGHILD ROTONDO

VP

02/29/2012

Electronic Signature of Signing Officer or Director

Date