


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000003021 1. Entity Name BARNES-JEWISH HOSPITAL FOUNDATION CORP.						FILED 05 FEB -8 AM 10:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business ATTN: RANDY FLACHSDART 600 S. TAYLOR AVENUE, SUITE 120 ST. LOUIS, MO 63110				Mailing Address ATTN: RANDY FLACHSDART 600 S. TAYLOR AVENUE, SUITE 120 ST. LOUIS, MO 63110			
2. Principal Place of Business Attn: Marilyn Raphael Suite, Apt. #, etc.				3. Mailing Address Attn: Marilyn Raphael Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 43-1648435				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PARKWAY, SUITE 300 TAMPA, FL 33637				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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: <u>Mark Hankins, President</u> 1/22/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Evens, Ronald G M.D. <input type="checkbox"/> Delete ONE BARNES-JEWISH PLAZA ST. LOUIS, MO 63110			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400043609764 12/23/04--01025--022 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELSTON, W. FRANK FAHP <input type="checkbox"/> Delete 600 S. TAYLOR AVE, #120, M.S. 90-94-206 ST. LOUIS, MO 63110			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400043609764 12/23/04--01025--023 **\$245.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SITEMAN, ALVIN J <input type="checkbox"/> Delete 50 SOUTH BEMISTON ST. LOUIS, MO 63105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KLING, S. LEE <input type="checkbox"/> Delete 1401 S. BRENTWOOD BLVD. ST. LOUIS, MO 63144			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERN, WALTER G <input type="checkbox"/> Delete 100 N. BROADWAY ST. LOUIS, MO 63102			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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 exemption stated in Section 119.07(3)(i), 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>W. F. Elston, CFRE, FAHP</u> 12-7-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							