2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2006
Secretary of State

DOCUMENT# J06917

Entity Name: PATIENCE CORNER NURSE-MIDWIFERY CENTER, INC.

Current Principal Place of Business:

717 SW 4 AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

717 SW 4 AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2679216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLEBRAND, LOUANN
717 SW 4 AVENUE
GAINESVILLE, FL 32601 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: LOUANN HILLEBRAND
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NORRIS, MARIE A.,
Address: RT 3 BOX 465
City-St-Zip: ALACHUA, FL

Title: ST ( ) Delete
Name: HILLEBRAND, LOUANN,
Address: 16 OLD OAKS RD.
City-St-Zip: ARCHER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NORRIS, MARIE A.,
Address: RT 3 BOX 465
City-St-Zip: ALACHUA, FL 32615 US

Title: ST (X) Change ( ) Addition
Name: HILLEBRAND, LOUANN,
Address: 17926 SW 75TH AVENUE
City-St-Zip: ARCHER, FL 32618 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE A. NORRIS O 10/19/2006
Electronic Signature of Signing Officer or Director Date