


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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|---|--|---|
| DOCUMENT # N00000000671 | |  |
| 1. Entity Name DESOTO MEMORIAL HOSPITAL FOUNDATION, INC. | | |

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| Principal Place of Business 900 N. ROBERT AVENUE ARCADIA, FL 34266 | Mailing Address 900 N. ROBERT AVENUE ARCADIA, FL 34266 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

FILED
07 OCT 16 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(N00000000671N)

10082007 REIN-001 CR2E099(11/07/11)

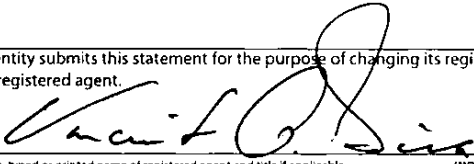
REINSTATEMENT

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|---|--|
| 4. FEI Number 59-3672817 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent | |
| Sica, Vincent A. 900 ROBERT AVENUE ARCADIA, FL 34266 | |

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|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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.

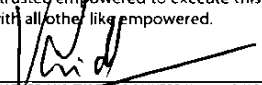
SIGNATURE  Vincent A. Sica 10-10-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C NATHAN, VAIDY 720 WEST IMOGENE STREET ARCADIA, FL 34266 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AMBLER, LEWIS 243 N. BREVARD AVE. ARCADIA, FL 34266 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MOLLOY, BONNIE 707 N. BREVARD AVE. ARCADIA, FL 34266 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NARAYANAN, MOHAN 810 N. MILLS AVE. ARCADIA, FL 34266 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GRIFFIS, ANDREA 900 N. ROBERT AVE. ARCADIA, FL 34265 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDERS, SANDY 203 W. OAK STREET ARCADIA, FL 34266 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NARAYANAN, MOHAN MD 810 MILLS AVENUE ARCADIA, FL 34266 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOHAMMADBHOY, KAYUM 250 N. BREVARD AVE. ARCADIA, FL 34266 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTIN, MAC 207 E. MAGNOLIA AVE. ARCADIA, FL 34266 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOHAMMADBHOY, LORAIN 250 N. BREVARD AVE. ARCADIA, FL 34266 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRADT, KATHY 2692 NW HWY 70 LOT 66 ARCADIA, FL 34266 <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 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:  Vaidy Nathan 863-494-6599

200110863272
10/16/07--01056--005 **\$61.25

10/16/07