


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000000440 1. Entity Name THE FRIENDS OF A.G. HOLLEY HOSPITAL, INC.	
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Principal Place of Business 1199 W LANTANA RD LANTANA, FL 33462	Mailing Address 1199 W LANTANA RD LANTANA, FL 33462
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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6. Name and Address of Current Registered Agent DOLLING, CORY 1199 W LANTANA RD LANTANA, FL 33461	7. Name and Address of New Registered Agent Name <u>DOLLING, CORY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1199 W. Lantana Road</u> City <u>Lantana</u> FL Zip Code <u>33461</u>
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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: Cory Dolling DATE: June 27, 2005

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50 **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DOLLING, CORY 1199 W LANTANA RD LANTANA, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRADLEY, DELORIS 1199 W LANTANA RD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: large;"> 300058848479 08/22/05--01059--004 **306.25 </div>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Cory Dolling, Director DATE: June 27, 2005 Daytime Phone #: 361 540 3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

05 AUG -8 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06142005 REIN-NP CR2E099 (6/04)
 FEI Number 752979655 Applied For
~~APPLIED FOR~~ Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CORY DOLLING, DIRECTOR