

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003702

FILED
Oct 15, 2009
Secretary of State

Entity Name: BUECHEL PATIENT CARE, RESEARCH AND EDUCATION FUND, INC.

Current Principal Place of Business:

999 AQUA CIRCLE
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

999 AQUA CIRCLE
NAPLES, FL 34102

New Mailing Address:

FEI Number: 03-0443725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURKE, WILLIAM M
C/O GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMiami TR N #300
NAPLES, FL 34103 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: WILLIAM M. BURKE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BUECHEL, FREDERICK F MD
Address: 99 AQUA CIRCLE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BUECHEL, MARK C
Address: 78 BOONTON AVE
City-St-Zip: KINNELON, NJ 07405

Title: D () Delete
Name: BUECHEL, FREDERICK F JR, MD
Address: 450 17TH AVE S
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: BUECHEL, FREDERICK F MD
Address: 999 AQUA CIRCLE
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK C. BUECHEL

D

10/15/2009

Electronic Signature of Signing Officer or Director

Date