

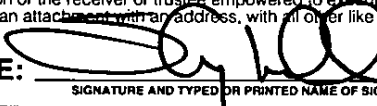


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N02000003933</b>   |   |  |  |  |  |
| <b>1. Entity Name</b><br>GADSDEN HOSPITAL, INC.  |   |  |  |   |  |
| <b>Principal Place of Business</b><br>23186 BLUE STAR HWY.<br>QUINCY, FL 32351   |   |  | <b>Mailing Address</b><br>P.O. BOX 1799<br>9B EAST JEFFERSON ST.<br>QUINCY, FL 32353 |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country                                       | Zip  | Country  | <b>4. FEI Number</b><br>42-1537206  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>                                   |   |  |
| MCKINNON, HOWARD<br>23186 BLUE STAR HWY.<br>QUINCY, FL 32351   |   |  | Name<br><b>BROWN, MARLON</b>   |   |  |
|  |   |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>23186 BLUE STAR HIGHWAY</b> |   |  |
|  |   |  | City<br><b>QUINCY, FL</b>  |   |  |
|  |   |  | Zip Code<br><b>32351</b>   |   |  |
| <b>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.</b>   |   |  |  |   |  |
| SIGNATURE   |   | <b>MARLON BROWN</b>  |  | <b>06/30/05</b>   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |   | (NOTE: Registered Agent signature required when reinstating)                                 |  | DATE  |  |
| <b>FILE NOW!!! FEE IS \$122.50</b>   |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  | Make check payable to<br><b>Florida Department of State</b>                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                         |   |  |
| <b>TITLE</b><br>CD   | <b>NAME</b><br>MCMILLAN, S. CRAIG             |  | <input type="checkbox"/> Delete  |   |  |
| <b>STREET ADDRESS</b><br>P.O. BOX 1919   | <b>CITY-ST-ZIP</b><br>QUINCY, FL 32353        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |   |  |
| <b>TITLE</b><br>D  | <b>NAME</b><br>FURLOW, JESSIE                 |  | <input type="checkbox"/> Delete  |   |  |
| <b>STREET ADDRESS</b><br>810 SELMAN RD.  | <b>CITY-ST-ZIP</b><br>QUINCY, FL 32351        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |   |  |
| <b>TITLE</b><br>D  | <b>NAME</b><br>SUBER, JAMES                   |  | <input type="checkbox"/> Delete  |   |  |
| <b>STREET ADDRESS</b><br>2535 SHADY REST RD.   | <b>CITY-ST-ZIP</b><br>HAVANA, FL 32333        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |   |  |
| <b>TITLE</b><br>D  | <b>NAME</b><br>WYNN, JERRY                    |  | <input type="checkbox"/> Delete  |   |  |
| <b>STREET ADDRESS</b><br>21 WEST MARION ST.  | <b>CITY-ST-ZIP</b><br>CHATTAHOOCHEE, FL 32324 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |   |  |
| <b>TITLE</b><br>SD   | <b>NAME</b><br>MARSHALL, DARRYL               |  | <input type="checkbox"/> Delete  |   |  |
| <b>STREET ADDRESS</b><br>118 DEERWOOD RD.  | <b>CITY-ST-ZIP</b><br>QUINCY, FL 32352        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |   |  |
| <b>TITLE</b><br>D  | <b>NAME</b><br>KENT, CHARLES                  |  | <input type="checkbox"/> Delete  |   |  |
| <b>STREET ADDRESS</b><br>178 LASALLE LEFALL DRIVE  | <b>CITY-ST-ZIP</b><br>QUINCY, FL 32351        |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |   |  |
| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b>   |   | <b>S. CRAIG MCMILLAN</b>   |  | <b>06/30/05</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date   |  | Daytime Phone #   |  |

**FILED**

05 JUL -1 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06282005 REIN-NP CR2E099 (6/04)

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNON, HOWARD  
23186 BLUE STAR HWY.  
QUINCY, FL 32351

Name  
**BROWN, MARLON**  
Street Address (P.O. Box Number is Not Acceptable)  
**23186 BLUE STAR HIGHWAY**

City  
**QUINCY, FL** Zip Code  
**32351**

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

**MARLON BROWN**

**06/30/05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$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**

10. OFFICERS AND DIRECTORS

TITLE  
CD  
NAME  
MCMILLAN, S. CRAIG  
STREET ADDRESS  
P.O. BOX 1919  
CITY-ST-ZIP  
QUINCY, FL 32353 ☐ Delete

TITLE  
D  
NAME  
FURLOW, JESSIE  
STREET ADDRESS  
810 SELMAN RD.  
CITY-ST-ZIP  
QUINCY, FL 32351 ☐ Delete

TITLE  
D  
NAME  
SUBER, JAMES  
STREET ADDRESS  
2535 SHADY REST RD.  
CITY-ST-ZIP  
HAVANA, FL 32333 ☐ Delete

TITLE  
D  
NAME  
WYNN, JERRY  
STREET ADDRESS  
21 WEST MARION ST.  
CITY-ST-ZIP  
CHATTAHOOCHEE, FL 32324 ☐ Delete

TITLE  
SD  
NAME  
MARSHALL, DARRYL  
STREET ADDRESS  
118 DEERWOOD RD.  
CITY-ST-ZIP  
QUINCY, FL 32352 ☐ Delete

TITLE  
D  
NAME  
KENT, CHARLES  
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178 LASALLE LEFALL DRIVE  
CITY-ST-ZIP  
QUINCY, FL 32351 ☐ Delete ☒ Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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**SIGNATURE:**

**S. CRAIG MCMILLAN**

**06/30/05**

**(870) 875-1776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #