## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Principal Place of Business   No P.O. Box #   P.O. Box 1799   98 EAST IFFERSON ST. QUINCY, FL 32351   235	1. Entity Nam	MENT # N0200000 M HOSPITAL, INC.		2007 OCT 24 PM 2: 31						
Sulfo, Apt. 8, etc.    Sulfo, Apt. 8, etc.   Sulfo, Apt. 8, etc.   10172007 REIN-NP   CR2E099 (1107)	23186 BLUE STAR HWY. P.O. BOX 1799 QUINCY, FL 32351 9B EAST JEFFERSON ST.			T.		SECRE TALLAH	SECRETARY OF STATE TALLAHASSEE FLORIDA			
Cry & State  Country  Cry & State  Cry & State  Country  Cry & State	Principal Place of Business - No P.O. Box #     3. Mailing Address									
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S. Scrifficated Spalus Desired   Far Required Agent    7. Name and Address of New Registered Agent    7. Name and Address of New Registered Agent    7. Name and Address of New Registered Agent    8. The above named entity submits pig statement for pid pyrhose of changing its registered office or registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Porida Statement familiar with, and accept the obligations of Porida Statement familiar with, and accept the obligations of the Porida Statement familiar with, and accept the Accept the Oblig	City & Stat	8	City & State				6		Applied For Not Applicab	
BROWN, MARLON P.O. BOX 1799 98 EAST JEFFERSON ST. QUINCY, FL 32353  City FL 2006  8. The above named entity submits yet statement for just purpose of changing its registered office or registered agent, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered gapet, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered gapet, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered gapet, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered gapet, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered gapet, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered gapet, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered gapet, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Ricida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Ricida. Lam familiar with, and accept the college of Ricida State of Ri	Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired			
Silved Address (P.O. Box Number is Not Acceptable)  Silved Address (P.O. Box Number is Not Acceptable)  FL 7/p Code  8. The above named entity submits left statement for Jeft purchase of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to provide other provided when reliable to provide other provided of the control of the provided of the control other of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to provide other provided other reliable of Florida. I am familiar with, and acceptable to Florida Department of State of Florida. I am familiar with, and acceptable to Florida Department of State of Florida Department of State of Florida. I am familiar with, and acceptable to Florida Department of State of Florida. I am familiar with, and acceptable to Florida Department of State of Florida. I am familiar with, and acceptable to Florida Department of State of Florida Department of St	6. Name and Address of Current Registered Agent					)				
BB EAST JEFFERSON ST. QUINCY, FL 32353    City   FL   Zip Code					Street Address (P.O. Box Number is Not Acceptable)					
Entry code  8. The above named entity submits the 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 registering layer.    10	9B EAST JEFFERSON ST.			-	22.22.7					
B. The above named entity submits get statement for the purbose of changing its registered office or registered agent, or both, in the State of Rorida. Lam familiar with, and access the obligations of registered agent, or both, in the State of Rorida. Lam familiar with, and access the obligations of registered agent, or both, in the State of Rorida. Lam familiar with, and access the obligations of registered agent, or both, in the State of Rorida. Lam familiar with, and access the obligations of registered agent, or both, in the State of Rorida. Lam familiar with, and access the obligations of registered agent, or both, in the State of Rorida. Lam familiar with, and access the obligations of registered agent, or both, in the State of Rorida. Lam familiar with, and access the obligations of registered agent, or both, in the State of Rorida. Lam familiar with, and access the obligations of registered agent, or both, in the State of Rorida. Lam familiar with, and access the obligations of registered agent, or both, in the State of Rorida.  In It is considered agent a	401101,1E 32333				City P. Zin Code					
SIGNATURE	9 The shows	pamed entity submits the statement t	or the purpose of changing its	conietoro	•	interest agent or both in	the State of Flori	- FL	•	
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   Delete   ITILE   DO   DO   Delete   ITILE   DO   Delete   ITILE   DO   Delete   ITILE   DO   DO   Delete   ITILE   DO   DO   Delete   ITILE   DO   DO   DO   DO   DO   DO   DO   D	SIGNATURE .	Signature, typed or printed name of registered agent		: Registered	d Agent signature r	required when reinstating)	Ma	DATE ke check pay	able to	
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