

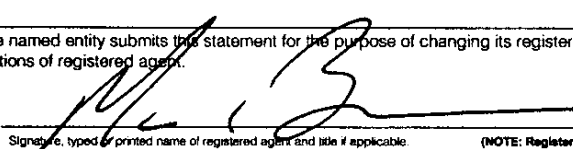
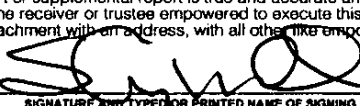


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000003933 1. Entity Name GADSDEN HOSPITAL, INC.						FILED 2007 OCT 24 PM 2:31 SECRETARY OF STATE TALLAHASSEE FLORIDA 	
Principal Place of Business 23186 BLUE STAR HWY. QUINCY, FL 32351				Mailing Address P.O. BOX 1799 9B EAST JEFFERSON ST. QUINCY, FL 32353			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		10172007 REIN-NP		CR2E099 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 42-1537206		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BROWN, MARLON P.O. BOX 1799 9B EAST JEFFERSON ST. QUINCY, FL 32353				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  10.19.07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCMILLAN, S. CRAIG P.O. BOX 1919 QUINCY, FL 32353 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200111301662 10/24/07--01050--008 **236.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURLOW, JESSIE 810 SELMAN RD. QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR HERB SHEKANE 1455 CANE CREEK Rd QUINCY, Florida 32351-7817		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUBER, JAMES 2535 SHADY REST RD. HAVANA, FL 32333 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, DARRYL 118 DEERWOOD RD. QUINCY, FL 32352 <input type="checkbox"/> Delete			REINSTATEMENT			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, CHARLES 178 LASALLE LEFALL DRIVE QUINCY, FL 32351 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 07		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-23-07 508-9827 <small>Date Daytime Phone #</small>			