

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005727

FILED
Nov 04, 2009
Secretary of State

Entity Name: HEALTHCARE FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

2836 ENTERPRISE RD
SUITE 5
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

2836 ENTERPRISE RD
SUITE 5
DEBARY, FL 32713

New Mailing Address:

FEI Number: 20-1224277 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHENK, COREY
2836 ENTERPRISE RD.
SUITE 5
DEBARY, FL 32713 US

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: COREY SHENK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHENK, COREY
Address: 2836 ENTERPRISE RD, SUITE 5
City-St-Zip: DEBARY, FL 32713

Title: VP () Delete
Name: KNOX, JOHANA
Address: 2836 ENTERPRISE RD, SUITE 5
City-St-Zip: DEBARY, FL 32713

Title: VP () Delete
Name: MCVEAN, VIENNA
Address: 2836 ENTERPRISE RD, SUITE 5
City-St-Zip: DEBARY, FL 32713

Title: S () Delete
Name: SHILLINGER, BONNIE
Address: 2836 ENTERPRISE RD, SUITE 5
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: COREY SHENK

PRES

11/04/2009

Electronic Signature of Signing Officer or Director

Date