2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2007
Secretary of State

DOCUMENT# N05000001316

Entity Name: THE FLORIDA MEDICAL CLINIC FOUNDATION OF CARING, INC.

Current Principal Place of Business:

38135 MARKET SQUARE
ZEPHRYHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

38135 MARKET SQUARE
ZEPHRYHILLS, FL 33540

New Mailing Address:

FEI Number: 20-2374178 **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:

MARQUARDT, EMIL C JR.
625 COURT ST., SUITE 200
CLEARWATER, FL 33756 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: EMIL C. MARQUARDT, JR

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHWAB, SHERIDON
Address: 5301 BERNADETTE DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: K ( ) Delete
Name: MINDA, KARI
Address: 30803 PRAIT CT
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T ( ) Delete
Name: FETTIA, CYNTHIA
Address: 35126 PERCH DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHWAB, SHERIDON PRES.
Address: 5301 BERNADETTE DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VP (X) Change ( ) Addition
Name: PINALS, MARK VP
Address: 4706 TANNERY AVENUE
City-St-Zip: TAMPA, FL 33624

Title: T (X) Change ( ) Addition
Name: FETTIA, CYNTHIA TREAS
Address: 35126 PERCH DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S ( ) Change (X) Addition
Name: HUGHES, JANE SEC'Y
Address: 34907 GREEN STEELE ROAD
City-St-Zip: DADE CITY, FL 33525

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: SHERIDAN SCHWAB PRES 10/11/2007

Electronic Signature of Signing Officer or Director — Date