

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012763

FILED
Aug 10, 2012
Secretary of State

Entity Name: GEORGE A. DAME COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

3700 W SOVEREIGN PATH
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

3700 W SOVEREIGN PATH
LECANTO, FL 34461

New Mailing Address:

FEI Number: 06-1771427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, EVELYN K ACCT
3700 W SOVEREIGN PATH
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

CITRUS COUNTY HEALTH DEPARTMENT/GADCHC
3700 W SOVEREIGN PATH
LECANTO, FL 34461 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: JENNIFER SWEARINGEN

08/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: GOODWORTH, JIM
Address: 3700 WEST SOVEREIGN PATH
City-St-Zip: LECANTO, FL 34461

Title: VC
Name: OLLER, SANDRA
Address: 3700 W SOVEREIGN PATH
City-St-Zip: LECANTO, FL 34461

Title: S/T
Name: TAYLOR, CATHY
Address: 3700 W SOVEREIGN PATH
City-St-Zip: LECANTO, FL 34461

Title: M
Name: POLISENO, CHARLES
Address: 3700 WEST SOVEREIGN PATH
City-St-Zip: LECANTO, FL 34461

Title: M
Name: FOSTER, THERESSA
Address: 3700 W SOVEREIGN PATH
City-St-Zip: LECANTO, FL 34461

Title: M
Name: DOUGLAS, DAVE
Address: 3700 W SOVERIGN PATH
City-St-Zip: LECANTO, FL 34461

I hereby 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 all other like empowered.

SIGNATURE: CATHY TAYLOR

S/T

08/10/2012

Electronic Signature of Signing Officer or Director

Date