

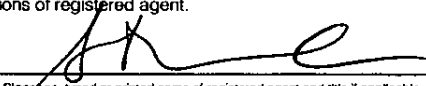
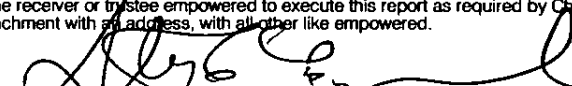


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N06000003012</b> 1. Entity Name <b>THE MERCY NETWORK OF CLAY COUNTY, INC.</b>						FILED <b>2008 OCT 24 PM 3:18</b> CLAY COUNTY, FLORIDA 30 10-27 	
Principal Place of Business <b>198 KNIGHT BOXX MIDDLEBURG, FL 32068</b>				Mailing Address <b>198 KNIGHT BOXX MIDDLEBURG, FL 32068</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<div style="display: flex; justify-content: space-between;"> <span>10142008 REIN-NP</span> <span>CR2E099 (1/07)</span> </div> <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">REINSTATEMENT</div> <div style="display: flex; justify-content: space-between;"> <span>75-3248816</span> <span>Applied For</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Not Applicable</span> <span>98</span> </div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent <b>BOWDEN, CATHY B 198 KNIGHT BOXX MIDDLEBURG, FL 32068</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <u></u> <u>STEPHEN CONRAD</u> <u>10-22-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2009, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOWDEN, CATHY B</b> <b>198 KNIGHT BOXX</b> <b>MIDDLEBURG, FL 32068</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>100137250891</b> <b>10/24/08--01026--007 **236.25</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MAYHALL, FAYE</b> <b>2795 COUNTY ROAD 220</b> <b>MIDDLEBURG, FL 32068</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>6766 LONDON BRIDGE LANE</b> <b>JACKSONVILLE, FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>WRIGHT, GAMBLE L</b> <b>1717 BLANDING BOULEVARD</b> <b>MIDDLEBURG, FL 32068</b> <input checked="" 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	<b>PRESIDENT</b> <b>STEVEN CONRAD</b> <b>1525 WAREHOUSING CT</b> <b>ORANGE PARK, FL 32063</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>ROBERT HABEN</b> <b>2228 SOUTH BROOK DR.</b> <b>ORANGE PARK, FL 32003</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>10/22/08</u> <u>904 278 5644</u> <small>Date Daytime Phone #</small>			