

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 26, 2009
Secretary of State**

DOCUMENT# N06000008253

Entity Name: NAON SAINT AUGUSTINE CHAPTER, INC.

Current Principal Place of Business:

FLALER HOSPITAL
400 HEALTH PARK BLVD 8TH FLOOR
SAINT AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

FLALER HOSPITAL
400 HEALTH PARK BLVD 8TH FLOOR
SAINT AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

WILSON, PAULA
5330 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

THOMAS, MERRY
400 HEALTH PARK BLVD. 8TH FLOOR
SAINT AUGUSTINE, FL 32086 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: MERRY THOMAS

10/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, MARY
Address: FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: VP () Delete
Name: CATO, DENISE
Address: FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: TREA () Delete
Name: WILSON, PAULA
Address: FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: SECT () Delete
Name: CORRODO, NAN
Address: FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMAS, MERRY
Address: FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

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: MERRY THOMAS

PRES

10/26/2009

Electronic Signature of Signing Officer or Director

Date