


# NO6000009197

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>NO6000009197</b>			
1. Corporation Name <b>The Auxiliary of Saint Mary's Medical Center, Inc.</b>			
2. Principal Office Address - No P.O. Box # <b>901 45th Street</b>		3. Mailing Office Address <b>901 45th Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>	
Zip <b>33407</b>	Country <b>USA</b>	Zip <b>33407</b>	Country <b>USA</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>08/29/2006</b>			
5. FEI Number <b>20-5732142</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <b>C T Corporation System</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>			
Suite, Apt. #, Etc.			
City <b>Plantation</b>		State <b>FL</b>	Zip Code <b>33324</b>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <b>Howard L. Volz</b>		Date <b>10-27-2008</b>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Suzanne Cameron	18185 SE Village Cir.	Tequesta, FL 33469
D	Alan Tiffenberg	6292 Hall Blvd.	Loxahatchee, FL 33470
D	Ivan Ward	11651 Caracas Blvd.	Boynton Beach, FL 33437
S	Fernanda Conheeny	1618 Twelve Oaks Way, #203	North Palm Beach, FL 33408
REINSTATEMENT 2007-2008			
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

# N06000009197

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<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>N06000009197</u>			
<b>1. Corporation Name</b> The Auxiliary of Saint Mary's Medical Center, Inc.			
<b>2. Principal Office Address - No P.O. Box #</b> 901 45th Street		<b>3. Mailing Office Address</b> 901 45th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> West Palm Beach, FL		<b>City &amp; State</b> West Palm Beach, FL	
<b>Zip</b> 33407	<b>Country</b> USA	<b>Zip</b> 33407	<b>Country</b> USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 08/29/2006			
<b>5. FEI Number</b> 20-5732142			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> C T Corporation System			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
<b>City</b> Plantation		<b>State</b> FL	<b>Zip Code</b> 33324
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>			
<b>Signature of Registered Agent</b> <u>Howard L. Volz</u>		<b>Date</b> <u>10-27-2008</u>	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P/D	Suzanne Cameron	18185 SE Village Cir.	Tequesta, FL 33469
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D	Ivan Ward	11651 Caracas Blvd.	Boynton Beach, FL 33437
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<b>SIGNATURE:</b> <u>Suzanne Cameron</u>		<b>Date</b> <u>10/28/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>Daytime Phone #</b> <u>561-862-2998</u>	

FILED  
 OCT 31 AM 11:13  
 TALLAHASSEE, FLORIDA  
 DIVISION OF STATE

CR2E081 (10/08)

NO6000009197

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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**155 Office Plaza Dr Ste A Tallahassee FL 32301**  
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 10-31-08

**NAME:** THE AUXILIARY OF ST MARY'S MEDICAL CENTER, INC

**TYPE OF FILING:** REINSTATMENT

**COST:** \$122.50 + \$8.75= \$131.25

**RETURN:** certified copy

RECEIVED  
08 OCT 31 AM 10:43  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ACCOUNT:** FCA0000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

FILED  
08 OCT 31 AM 11:15  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

BK

Reinstatement