2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010926

FILED Oct 01, 2010 Secretary of State

Entity Name: DOCTOR'S MEMORIAL HOSPITAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

333 N BYRON BUTLER PKWY PERRY, FL 32347

Current Mailing Address: New Mailing Address:

333 N BYRON BUTLER PKWY PERRY, FL 32347

FEI Number: 59-3122517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLLINS, JOE

333 N BYRON BUTLER PKWY

PERRY, FL 32347 US

BRETT, GARY

333 N BYRON BUTLER PKWY

PERRY, FL 32347 US

PERRY, FL 32347 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: GARY BRETT 10/01/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: BRETT, GARY

Address: 333 N BYRON BUTLER PKWY

City-St-Zip: PERRY, FL 32347

Title: T

Name: YARBROUGH, JOHN Address: PO BOX 1643 City-St-Zip: PERRY, FL 32348

Title: S

 Name:
 MOORE, G. CLINE

 Address:
 316 W. GREEN STREET

 City-St-Zip:
 PERRY, FL 32347

Title: N

Name: HANSON, AQUILLA III Address: 406 GLENRIDGE RD. City-St-Zip: PERRY, FL 32348

Title: N

Name: LANIER, DEWAYNE Address: PO BOX 792 City-St-Zip: PERRY, FL 32348

Title: CEC

Name: HUTH, RICHARD

Address: 333 N. BYRON BUTLER PARKWAY

City-St-Zip: PERRY, FL 32347

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: RICHARD HUTH CEO 10/01/2010