

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010926

FILED
Jan 03, 2012
Secretary of State

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

Current Principal Place of Business:

333 N BYRON BUTLER PKWY
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

333 N BYRON BUTLER PKWY
PERRY, FL 32347

New Mailing Address:

FEI Number: 26-3638551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRETT, GARY
333 N BYRON BUTLER PKWY
PERRY, FL 32347 US

Name and Address of New Registered Agent:

SMITH, MICHAEL S
411 N WASHINGTON STREET
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: MICHAEL S. SMITH

01/03/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SMITH, MICHAEL S
Address: 411 N. WASHINGTON STREET
City-St-Zip: PERRY, FL 32347 US

Title: T
Name: LEIS, JIM
Address: 333 N BYRON BUTLER PARKWAY
City-St-Zip: PERRY, FL 32347 US

Title: S
Name: SESSIONS, JOAN
Address: 333 N. BYRON BUTLER PARKWAY
City-St-Zip: PERRY, FL 32347 US

Title: VP
Name: NELSON, CYNTHIA
Address: 1440 EAST GREEN STREET
City-St-Zip: PERRY, FL 32348 US

Title: CEO
Name: HUTH, RICHARD
Address: 333 N. BYRON BUTLER PARKWAY
City-St-Zip: PERRY, FL 32347 US

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: MICHAEL S. SMITH

P

01/03/2012

Electronic Signature of Signing Officer or Director

Date