
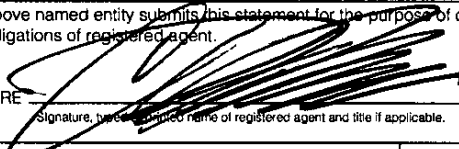
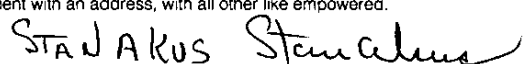


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 12 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06227			
1. Entity Name HIGHLANDS REGIONAL MEDICAL CENTER AUXILIARY, INC.			
Principal Place of Business P O BOX 2066 3600 SW HIGHLANDS AVE SEBRING, FL 33871		Mailing Address P O BOX 2066 3600 SW HIGHLANDS AVE SEBRING, FL 33871	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33870	Country	Zip 33870	Country
4. FEI Number 59-2568982		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		10092006 REIN-NP CR2E099 (11/05)	
6. Name and Address of Current Registered Agent RHOADES, CLIFFORD R. 107 N. RIDGEWOOD DR., STE. 11 SEBRING, FL 33870		7. Name and Address of New Registered Agent Name CLIFFORD R. RHOADES Street Address (P.O. Box Number is Not Acceptable) 2141 LAKEVIEW DRIVE City SEBRING FL 33870	
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 		DATE 10-9-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINO, OLYMPIA 8300 PINE GLEN ROAD SEBRING, FL 33876 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080765044 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10/12/06--01011--016 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENTZ, KATIE 2010 DOLLY DR SEBRING, FL 33872 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. M. A. GREEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3159 PEBBLE CREEK DR. AVON PARK FL. 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD DENNY, MARIE 2502 DAVIS CR SEBRING, FL 33870 <input 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	P RENKER, GAYLE 4216 MEDINA WAY SEBRING, FL 33875 <input 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	TD AKUS, STAN 3201 PAR RD SEBRING, FL 33872 <input 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	SDT SHANNON, VIVIAN 2910 SAN FRANCISCO LN SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLORIA DIAZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2020 ASHLEY OAKS SEBRING FL. 33872
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.			
SIGNATURE: 		10/9/06 863.314.0215	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	