

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06615

FILED
Jan 14, 2013
Secretary of State

Entity Name: GULF GATE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% LAWRENCE M HANKIN
6128 S TAMIAMI TR
SARASOTA, FL 34231

New Principal Place of Business:

MARK H. BRUS
6128 S. TAMIAMI TRAIL
SARASOTA, FL 34231

Current Mailing Address:

% LAWRENCE M HANKIN
6130 S. TAMIAMI TRL
SARASOTA, FL 34231

New Mailing Address:

MARK H. BRUS
4184 VIA MIRADA
SARASOTA, FL 34238

FEI Number: 59-2817872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HANKIN, LAWRENCE M
6128 S TAMIAMI TR
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

MCCLLENATHEN, CHAD M.
1820 RINGLING BLVD.
SARASOTA, FL 34236 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: CHAD M. MCCLLENATHEN

01/14/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BRUS, MARK H
Address: 6128 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: VSD
Name: ROYER, BRUCE
Address: 6116 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: TRD
Name: LEVENBERG, L.
Address: 6128 S TAMIAMI TR.
City-St-Zip: SARASOTA, FL 34231

Title: TS
Name: PAULUS, KRISTEN L
Address: 6128 S. TAMIAMI TR
City-St-Zip: SARASOTA, FL 34231

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: MARK H. BRUS

PD

01/14/2013

Electronic Signature of Signing Officer or Director

Date