2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2008
Secretary of State

DOCUMENT# N07000010388

Entity Name: CENTRAL FLORIDA HEALTH ALLIANCE, INC.

Current Principal Place of Business:

600 EAST DIXIE AVE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

600 EAST DIXIE AVE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-2635190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRAUN, PHILIP J
600 EAST DIXIE AVE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: PHILIP J. BRAUN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: HUNTLEY, LEE S
Address: 600 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: C ( ) Change (X) Addition
Name: SUSTARSIC, DAVID DR.
Address: 511 MEDICAL PLAZA DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: VC ( ) Change (X) Addition
Name: WILLIAMS, ROBERT Q ATTY
Address: 380 WEST ALFRED STREET
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Change (X) Addition
Name: NELSON, CEILA K DR.
Address: 32721 RADIO RAOD
City-St-Zip: LEESBURG, FL 34748

Title: T ( ) Change (X) Addition
Name: BRANDEBURG, JOHN D
Address: 38624 ROLLING ACRES ROAD
City-St-Zip: LADY LAKE, FL 32158

Title: AS/D ( ) Change (X) Addition
Name: HOCKING, DALE E CPA
Address: 600 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DALE E. HOCKING AS/D 10/16/2008
Electronic Signature of Signing Officer or Director — Date