## 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000009051

FILED May 25, 2010 Secretary of State

Entity Name: MIAMI HEALTH SCIENCES LIBRARY CONSORTIUM, INC.

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

3501 JOHNSON ST. 1600 S. ANDREWS AVE HOLLYWOOD, FL 33021 MEDICAL LIBRARY

FT. LAUDERDALE, FL 33316

Current Mailing Address: New Mailing Address:

3501 JOHNSON ST. 1600 S. ANDREWS AVE HOLLYWOOD, FL 33021 MEDICAL LIBRARY

FT. LAUDERDALE, FL 33316

FEI Number: 14-1913817 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

HAFF, SALLY
3501 JOHNSON ST.
HOLLYWOOD, FL 33021 US
LAWRENCE, MARY
1600 S. ANDREWS AVE
MEDICAL LIBRARY

FT LAUDERDALE,, FL 33316 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: MARY LAWRENCE 05/25/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: CD

Name: LAWRENCE, MARY

Address: 1600 S. ANDREWS AVE/MEDICAL LIBRARY

City-St-Zip: FT LAUDERDALE, FL 33316

Title: VCD

Name: BOILARD, DAVID

Address: 11200 SW 8TH ST/MEDICAL LIBRARY

City-St-Zip: MIAMI, FL 33199

Title: SD

Name: DIGIALLONARDO, BONNIE

Address: 3200 S UNIVERSITY DRIVE/HPD LIBRARY

City-St-Zip: FT LAUDERDALE, FL 33328

Title: TD

Name: CONNELL, TOM

Address: 7305 N. MILITARY TR/142D City-St-Zip: W. PALM BCH, FL 33410

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: MARY LAWRENCE CD 05/25/2010