

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000003213

FILED
Oct 10, 2011
Secretary of State

Entity Name: SOUTH LAKE HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

1109 CITRUS TOWER BLVD
CLERMONT, FL 34711

New Principal Place of Business:

1935 DON WICKHAM DRIVE
CLERMONT, FL 34711

Current Mailing Address:

1109 CITRUS TOWER BLVD
CLERMONT, FL 34711

New Mailing Address:

1935 DON WICKHAM DRIVE
CLERMONT, FL 34711

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGACRE, LESLIE
1099 CITRUS TOWER BLVD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

LONGACRE, LESLIE
1900 DON WICKHAM DRIVE
CLERMONT, FL 34711 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: LESLIE LONGACRE

10/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: LONGACRE, LESLIE
Address: 1900 DON WICKHAM DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: BATMAN, DAVID P
Address: PO BOX 997
City-St-Zip: MINNEOLA, FL 34755

Title: D
Name: HORTON, DENNIS L
Address: 900 WEST HWY 50
City-St-Zip: CLERMONT, FL 34711

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: LESLIE LONGACRE

MS.

10/10/2011

Electronic Signature of Signing Officer or Director

Date