

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000011533

**FILED**  
**May 25, 2012**  
**Secretary of State**

**Entity Name:** GATEWAY COMMUNITY HEALTH NETWORK, INC.

**Current Principal Place of Business:**

600 JENNINGS AVE  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

600 JENNINGS AVE  
EUSTIS, FL 32726

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEMPSYE, KATRINA H ESQ  
600 JENNINGS AVE  
EUSTIS, FL 32726 US

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

DEMPSEY, KATRINA H ESQ  
600 JENNINGS AVE  
EUSTIS, FL 32726 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: KATRINA H. DEMPSEY, ESQ.

05/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: TART, MICHAEL  
Address: 292 OAKSHADE DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: VP/D  
Name: MATTISON, KEN  
Address: 1000 WATERMAN WAY  
City-St-Zip: TAVARES, FL 32778

Title: S/D  
Name: DEMPSEY, KATRINA H ESQ  
Address: 600 JENNINGS AVENUE  
City-St-Zip: EUSTIS, FL 32726

Title: T/D  
Name: MILLWATER, CAROL  
Address: 401 E. ALFRED STREET  
City-St-Zip: TAVARES, FL 32778

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: KATRINA H. DEMPSEY, ESQ.

T/D

05/25/2012

Electronic Signature of Signing Officer or Director

Date