

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000008308

FILED
Sep 05, 2014
Secretary of State

Entity Name: LAKE CITY MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

340 NW COMMERCE DR.
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

340 NW COMMERCE DR.
LAKE CITY, FL 32055

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, JUDITH
340 NW COMMERCE DR.
LAKE CITY, FL 32055 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: JUDITH CARR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: TAYLOR, CARL
Address: 340 NW COMMERCE DR.
City-St-Zip: LAKE CITY, FL 32055

Title: VD
Name: BICKFORD, CONTI
Address: 3827 NW ARCHER ST APT 102
City-St-Zip: LAKE CITY, FL 32055

Title: SD
Name: BOWLING, THELMA
Address: 340 NW COMMERCE DR
City-St-Zip: LAKE CITY, FL 32055

Title: T
Name: JUDITH, CARR
Address: 340 NW COMMERCE DR.
City-St-Zip: LAKE CITY, FL 32055

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: JUDITH CARR

TREA

09/05/2014

Electronic Signature of Signing Officer or Director

Date