2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2009
Secretary of State

DOCUMENT# N16951

Entity Name: W. W. RICHARDSON, M.D. AND LORETTA C. RICHARDSON FOUNDATION, INC.

Current Principal Place of Business:

% WILLIAM W. RICHARDSON
1154 10TH AVENUE
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

% WILLIAM W. RICHARDSON
1154 10TH AVENUE
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 59-2760529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COATES, CHERI R SEC.
14237 GREENTREE TRAIL
WELLINGTON, FL 33414 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: CHERI R. COATES

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: MIXSON, BRYON
Address: 5959 HWY 77
City-St-Zip: GRACEVILLE, FL

Title: PD ( ) Delete
Name: TURNER, JOHN B
Address: 1006 MIXON ST
City-St-Zip: GRACEVILLE, FL

Title: TD ( ) Delete
Name: WILDER, THOMAS W.
Address: ROUTE 1, BOX 751
City-St-Zip: SLOCOMB, AL

Title: SD ( ) Delete
Name: COATES, CHERI RICHARDSON
Address: 14237 GREENTREE TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: RICHARDSON, W. W.
Address: 1154 - 10TH AVE.
City-St-Zip: GRACEVILLE, FL

Title: D ( ) Delete
Name: BROOKS, MARGARET
Address: PO BOX 276
City-St-Zip: GRACEVILLE, FL 32440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHERI R. COATES SD 09/29/2009

Electronic Signature of Signing Officer or Director — Date