

1083

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUN 23 11:51

SECRET
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 19830

1. Corporation Name
Coral Springs Medical Center Auxiliary, Inc.

2. Principal Office Address 3000 Coral Hills Dr.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State	
Zip 33065	Country Broward Co.	Zip	Country

Handwritten mark

REINSTATEMENT 97-06

4. Date Incorporated or Qualified To Do Business in Florida 3/25/1987

5. FEI Number 59-2788473

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Shaun M Davis

Street Address (P.O. Box Number is Not Acceptable)
2521 Hollywood Boulevard

Suite, Apt. #, Etc.

City
Hollywood

State
FL

Zip Code
33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date 6/9/06

REGISTERED-AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
See attached schedule			

300077137763
07/07/06--01021--023 *\$12.50

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

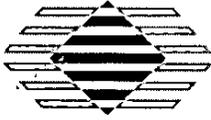
SIGNATURE: *Risha Niziol* Risha Niziol 6/20/06 9543404232

CR2E001 (9/01)

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Coral Springs Medical Auxiliary, Inc.
Supplemental Schedule to Corporate Reinstatement

Titles	Name	Address	City/State/Zip
P/D	Barbara Defazio	8450 NW 45 Manor	Coral Springs, FL 33065
P/D	Vincet Ciardullo	1035 Country Club Drive	Margate FL 33063
VP/D	Rita Duffy	1040 Country Club Drive	Margate FL 33063
VP/D	Claire Bojanowski	2629 NW 98 Terrace	Coral Springs, FL 33065
VP/D	Marilyn Caggiano	8275 NW 98 Terrace	Tamarac, FL 33321
M/D	Joyce Freeman	10777 W. Sample Rd.	Coral Springs, FL 33065
S/D	Marilyn Fessler	8719 NW 18 Place	Coral Springs, FL 33071



S. DAVIS & ASSOCIATES, P.A.

Certified Public Accountants & Consultants

285/13

2521 Hollywood Boulevard
Hollywood, Florida 33020
(954) 927-5900
(954) 927-5927 Fax

Suite 135
1515 N.W. 167 Street
Miami Gardens, Florida 33169
(305) 628-1510
(305) 628-1595 Fax

June 9, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Coral Springs Medical Center

Dear Sir,

We are enclosing an application for Corporate Reinstatement for above referenced non-profit corporation.

We have made inquiry of your department as to the fee for reinstatement. We have been told that as a non-profit dissolved in 1997, we would owe \$612.50 (10 years at \$61.25). Since we received no notice, we are requesting that the \$175.00 reinstatement fee be waived. Accordingly, we are enclosing a check for \$612.50 made payable to the secretary of state.

Please call me at 954 927-5900 if you have any questions.

Sincerely,

Shaun M Davis CPA
Managing Partner