

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 AM 11:46

DOCUMENT # N25324

1. Corporation Name

Spring Hill Regional Hospital, Inc.

2. Principal Office Address

18 N. Broad Street

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34601

Country

Hernando

3. Mailing Office Address

P.O. Box 37

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34605-0037

Country

Hernando

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/10/88

5. FEI Number

59-2962858

Applied For...

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-07

7. Name and Address of Current Registered Agent

Name

Nathaniel L. Doliner, *AT CARLTON FIELDS*

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

One Harbour Place, *5th FLOOR*

Suite, Apt. #, Etc.

777 S. Harbour Island Blvd.

City

Tampa

State

FL

Zip Code

33602

300004638583-4

10/17/01-01001-08

****358.75 ****351.75

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

REGISTERED AGENT MUST SIGN

Date *9-28-2009*

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
C	Charles W. Price, Jr.	614 Erin Way	Brooksville, FL 34601
S/T	Gustave A. Guadagnino	1539 Fayetteville	Spring Hill, FL 34609
D	William F. Sietman, Jr.	23041 DeWitt Drive	Brooksville, FL 34601
D	John E. Richardson	3194 Indian Gulf Lane	Aripeka, FL 34607

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)(i), 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: Charles W. Price, Jr. Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-559-5357

Daytime Phone #

CR2E081 (9/00)