2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2005
Secretary of State

DOCUMENT# N39242

Entity Name: HERNANDO MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

OAK HILL HOSPITAL
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

3519 COMMERCIAL WAY
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 62-1449274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, LINDA
3519 COMMERCIAL WAY
SPRING HILL, FL 34606 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: LINDA WILSON

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: HUGHES, BEVERLEY
Address: 8021 SW 7TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33319

Title: TS ( ) Delete
Name: GANTI, KRISHNA
Address: 11373 CORTEZ BLVD. #401
City-St-Zip: BROOKSVILLE, FL 34613

Title: VPD ( ) Delete
Name: ATFEH, MOWAFFAK
Address: 11375 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRACE, ROBERT
Address: 11373 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: VP (X) Change ( ) Addition
Name: GANTI, KRISHNA
Address: 11373 CORTEZ BLVD. #203
City-St-Zip: BROOKSVILLE, FL 34613

Title: TS (X) Change ( ) Addition
Name: MITCHELL, HALPERIN
Address: 11375 CORTEZ BLVD #209
City-St-Zip: BROOKSVILLE, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT GRACE PD 09/29/2005

Electronic Signature of Signing Officer or Director — Date