

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

RECEIVED AND FILED

98 NOV 25 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N42167

1. Corporation Name

CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

424 BURNS AVE  
BLOUNTSTOWN FL 32424  
US

424 BURNS AVE.  
BLOUNTSTOWN FL 32424  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO Box 423  
BLOUNTSTOWN  
32424 CALHOUN

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

02/21/1991

5. FEI Number

59-3051173

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>C</del>	<del>BROCK, MARGARET Z</del> <del>Expired</del>	<del>424 BURNS AVENUE</del>	<del>BLOUNTSTOWN FL 32424</del>
D	WHITFIELD, RALPH	HWY 12 E	BRISTOL FL 32321
<del>C/D</del>	WILLIAMS, LADDIE	819 FIFTH STREET	BLOUNTSTOWN FL 32424
TD	ADAMS, TOM	1115 N. HWY 71	BLOUNTSTOWN FL 32424
S/D	Bryan, Gail	1427 S. Pearl Street	Blountstown FL 32424

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BROCK, MARGARET Z~~ ~~Expired~~  
424 BURNS AVENUE  
BLOUNTSTOWN FL 32424

Name LADDIE WILLIAMS  
Street Address (P.O. Box Number is Not Acceptable)  
V 819 5th Street  
Suite, Apt. #, Etc.

City Blountstown

State FL Zip Code 32424-0423

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Laddie Williams*  
REGISTERED AGENT MUST SIGN

Date 11/23/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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: *Laddie Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-98 850-674-4559  
Date Daytime Phone #

CR2E040 (8/98)