

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 PM 2:22

DOCUMENT # **N42167**

1. Corporation Name

CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

424 BURNS AVE.
BLOUNTSTOWN FL 32424
US

P.O. BOX 423
BLOUNTSTOWN FL 32424



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

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/21/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3051173

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$875 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	4 City / State / Zip
D	WHITFIELD, RALPH	HWY 12 E	BRISTOL FL 32321
CD	WILLIAMS, LADDIE	819 FIFTH STREET	BLOUNTSTOWN FL 32424
TD	ADAMS, TOM	1115 N. HWY 71	BLOUNTSTOWN FL 32424
SD	O'BRYAN, GAIL	1427 S. PEAR ST.	BLOUNTSTOWN FL 32424

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, LADDIE
819 5TH STREET
BLOUNTSTOWN FL 32424-0423

Name **400005175134-1**
-03/28/02--01053--018
Street Address (P.O. Box Number is Not Applicable) **4000051.25 *****61.25**
Suite, Apt. #, Etc.
City State Zip Code
FL

Handwritten signature/initials

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.

400005175134-1
-03/28/02--01053--019
****236.25 ****236.25
Date **11-29-01**

Signature of Registered Agent

Laddie Williams

REGISTERED AGENT MUST SIGN

11. 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

11-29-01
Date

1-850-674-4559
Daytime Phone #