

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 20 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N42167

1. Corporation Name

CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

2. Principal Office Address

20370 NE BURNS AVENUE

3. Mailing Office Address

P.O. BOX 423

Suite, Apt., etc.

Suite, Apt., etc.

City & State

BLOUNTSTOWN, FL

City & State

BLOUNTSTOWN, FL

Zip 32424

Country  
US

Zip 32424

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

2-21-91

5. FEI Number  
593051173

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

LADDIE WILLIAMS

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

17371 NW 5TH STREET

Suite, Apt., Etc.

City

BLOUNTSTOWN

State  
FL

Zip Code  
32424

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

*Laddie Williams*

REGISTERED AGENT MUST SIGN

Date 12-16-05

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
P/T	LADDIE WILLIAMS	17371 NW 5TH STREET	BLOUNTSTOWN, FL 32424
VP	RALPH WHITFIELD	HWY 12 E.	BRISTOL, FL 32321
S	MARILYN RUSSELL	19366 NE JOHN G. BRYANT RD.	BLOUNTSTOWN, FL 32424
D	DR. LABAN BONTRAGER	12799 NW PEA RIDGE RD.	BRISTOL, FL 32321
			<i>J.R. 2/22</i>

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:

*Laddie Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-05

Date

Daytime Phone #

**J. DAVID HOUSE, P.A.**  
ATTORNEY AT LAW

J. DAVID HOUSE

16865 S.E. RIVER STREET  
BLOUNTSTOWN, FLORIDA 32424  
TELEPHONE # (850) 674-5481  
FAX # (850) 674-8186

December 16, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Sean Toner

Re: Reinstate of Calhoun Liberty Hospital Association, Inc.

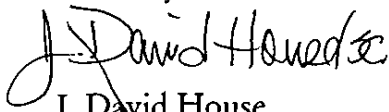
To Whom It May Concern:

Enclosed herein you will find a check in the amount of \$122.50 and an application for reinstatement of the above referenced. Please be advised that Calhoun Liberty Hospital Association, Inc. did not receive notice of annual fee.

It would be greatly appreciated if this could be processed as quickly as possible.

Thanking you in advance for your attention to this matter. If you have any questions, please feel free to contact my office.

Sincerely

  
J. David House  
JDH/sc