

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 11 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N93000002130 1. Entity Name ASSOCIATION OF FLORIDA TRAUMA COORDINATORS, INC.					
Principal Place of Business LEE MEMORIAL HOSPITAL 2780 CLEVELAND AVE, SUITE 702 FORT MYERS, FL 33901 US			Mailing Address LEE MEMORIAL HOSPITAL 2780 CLEVELAND AVE, SUITE 702 FORT MYERS, FL 33901 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0413340	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAPP, TERRY LEE MEMORIAL HOSPITAL 2780 CLEVELAND AVE, SUITE 702 FORT MYERS, FL 33901			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Terry L Papp</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 10/5/05	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KALLENBORN, CELESTE 2 COLUMBIA DRIVE G417 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700060496817 10/11/05--01055--005 **70.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILT, SHELLY 13469 LAS PALMAS DR LARGO, FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PAPP, TERRY 2780 CLEVELAND AVE, SUITE 702 FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Terry L Papp</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 10/5/05		DAYTIME PHONE # 239-334-5522	

10/14