

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000002130

FILED
Jan 12, 2012
Secretary of State

Entity Name: ASSOCIATION OF FLORIDA TRAUMA COORDINATORS, INC.

Current Principal Place of Business:

LEE MEMORIAL HOSPITAL
2780 CLEVELAND AVE, SUITE 702
FORT MYERS, FL 33901 US

New Principal Place of Business:

SACRED HEART HOSPITAL- TRAUMA SERVICES
5151 N. 9TH AVENUE
PENSACOLA, FL 32504 US

Current Mailing Address:

LEE MEMORIAL HOSPITAL
2780 CLEVELAND AVE, SUITE 702
FORT MYERS, FL 33901 US

New Mailing Address:

SACRED HEART HOSPITAL- TRAUMA SERVICES
5151 N. 9TH AVENUE
PENSACOLA, FL 32504 US

FEI Number: 65-0413340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAPP, TERRY
LEE MEMORIAL HOSPITAL
2780 CLEVELAND AVE, SUITE 702
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

BROWN, LIANNE
SACRED HEART HOSPITAL-TRAUMA SERVICES
5151 N. 9TH AVENUE
PENSACOLA, FL 32504 US

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: LIANNE BROWN

01/12/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BROWN, LIANNE
Address: 5151 N. 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32504 US

Title: ST
Name: STADLER, PATRICIA
Address: 1300 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: LIANNE BROWN

P

01/12/2012

Electronic Signature of Signing Officer or Director

Date