

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000005622

FILED
Oct 12, 2005
Secretary of State

Entity Name: JFK MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

C/O 5301 S. CONGRESS AVENUE
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

C/O 5301 S. CONGRESS AVENUE
ATLANTIS, FL 33462 US

New Mailing Address:

FEI Number: 65-0649377 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PASSARELLA, MADELYN
5301 SOUTH CONGRESS AVENUE
ATLANTIS, FL 33462 US

Name and Address of New Registered Agent:

CHRISTOPHER, MADELYN
5301 SOUTH CONGRESS AVENUE
ATLANTIS, FL 33462 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: MADELYN CHRISTOPHER

10/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POEST, VERNON
Address: 363 VILLA DRIVE
City-St-Zip: SO. ATLANTIS, FL 33462

Title: D () Delete
Name: TUPPEN, MARILYN
Address: 100 WINDSOR COURT
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: HOWELL, WILLIAM
Address: 575 S. COUNTRY CLUB DR
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: HOGAN, NANCY
Address: 434 GLENBROOK DR
City-St-Zip: ATLANTIS, FL 33462

Title: VP () Delete
Name: SPURLOCK, DANIEL M.D.
Address: 132 MARINE WAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: RA () Delete
Name: PASSARELLA, MADELYN
Address: 5301 SOUTH CONGRESS AVE.
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPURLOCK, DANIEL
Address: 132 MARINE WAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD (X) Change () Addition
Name: TUPPEN, MARILYN
Address: 100 WINDSOR COURT
City-St-Zip: ATLANTIS, FL 33462

Title: D (X) Change () Addition
Name: HARBISON, RON
Address: 545 S. COUNTRY CLUB DR
City-St-Zip: ATLANTIS, FL 33462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HOLYFIELD, JAMES
Address: 537 SO. COUNTRY CLUB DR.
City-St-Zip: ATLANTIS, FL 33462

Title: RA (X) Change () Addition
Name: CHRISTOPHER, MADELYN
Address: 5301 SOUTH CONGRESS AVE.
City-St-Zip: ATLANTIS, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MADELYN CHRISTOPHER

RA

10/12/2005

Electronic Signature of Signing Officer or Director

Date