2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 29 AM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005622

1. Entity Name
JFK MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business
C/O 5301 S. CONGRESS AVENUE
ATLANTIS, FL 33462 US

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

10242007 REIN-NP CR2E099 (1/07)

4. FEI Number 65-0649377 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER, MADELYN
5301 SOUTH CONGRESS AVENUE
ATLANTIS, FL 33462

7. Name and Address of New Registered Agent

Name

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

City | 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 Madelyn Christopher 10/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2008, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	Jay Midwall MD ☐ Change ☑ Addition
NAME	SPURLOCK, DANIEL		NAME	
STREET ADDRESS	132 MARINE WAY		STREET ADDRESS	5503 South Congress Avenue Suite 206 D
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	Atlantis Florida 33462
TITLE	VPD	☐ Delete	TITLE	Dan Young ☐ Change ☑ Addition
NAME	TUPPEN, MARILYN		NAME	
STREET ADDRESS	100 WINDSOR COURT		STREET ADDRESS	1550 South Ocean Boulevard D
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP	Manalapan, Florida 33462
TITLE	D	☑ Delete	TITLE	James Wheeler Esq ☐ Change ☑ Addition
NAME	HARBISON, RON		NAME	Broad + Cassel
STREET ADDRESS	545 S. COUNTRY CLUB DR		STREET ADDRESS	7777 Glades Road, Suite 300 D
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP	Boca Raton, Florida 33434
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOGAN, NANCY		NAME	
STREET ADDRESS	434 GLENBROOK DR		STREET ADDRESS	400111464264
CITY-ST-ZIP	ALTANTIS, FL 33462		CITY-ST-ZIP	10/29/07--01069--013 **245.00
TITLE	TD	☑ Delete	TITLE	Vicki Rautbord TD ☐ Change ☑ Addition
NAME	HOLYFIELD, JAMES .		NAME	
STREET ADDRESS	537 SO. COUNTRY CLUB DR.		STREET ADDRESS	413 North Country Club Drive
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP	Atlantis Florida 33462
TITLE	RA	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHRISTOPHER, MADELYN		NAME	
STREET ADDRESS	5301 SOUTH CONGRESS AVE.		STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Madelyn Christopher 10/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/1 aw