## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State.

**DIVISION OF CORPORATIONS** 

FILED

09 APR -8 AM 8: 05

SECRETARY OF STATE TALLAMASSEE, FLORIDA

## DOCUMENT # N96000002633

1. Corporation Name

CAPE MEMORIAL HOSPITAL, INC.

LEGAL DEPT MOC 459  City & State CAPE CORAL FL  City & State CAPE CORAL FL  FT MYERS FL  State COuntry 33990  LEE  State Country 33901  LEE  State CERTIFICATE OF STATUS DESIRED  State Street Address (P.O. Box Number is Not Acceptable) C/O 2776 CLEVELAND AVE  Street Address (P.O. Box Number is Not Acceptable) C/O 2776 CLEVELAND AVE  State MOC SUITE 459  City FT MYERS  State Stat	2. Principal Office Address - No P.O. Box # 636 DEL PRADO BLVD			3. Mailing Office Address 2776 CLEVELAND AVE				000146477540 03/20/0901021019_**61.25 DFINCTATEMENT 28-09			
City & State CAPE CORAL FL  Zip 33990  LEE  Zip 33901  LEE  Zip 33901  LEE  Country LEE  Zip 33901  Country LEE  T. Name and Address of Current Registered Agent  T. Name and Address of Current Registered Agent  Applied For Not Applicable of Certificate of Status Desired    T. Name and Address of Current Registered Agent  Amana MARY A MC GILLICUDDY  Street Address (P.O. Box Number is Not Acceptable)  City 2760  City 276  Suite, Apt. #, Etc. MOC SUITE 459  State Signature of Registered Agent  MARY A MC Gillicus of Status Desired 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  Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director  Name of Officer and/or Director  Titles  Name of Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director  Name of Officer and/or Director  Name of Officer and/or Director  Titles  Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Address of Each City / State / Zip  Street Address of Each City / State / Zip	Suite, Apt. I	#, etc.					4. Date Incorporated or Qualified				
Zip   33990   LEE   33901   LEE     33901   LEE			•				5. FEI Number Applied For				
Name MARY A MC GILLICUDDY  Street Address (P.O. Box Number is Not Acceptable)  C/O 2776 CLEVELAND AVE  Suite, Apt. #, Etc. MOC SUITE 459  City FT MYERS  State Signature of Registered Agent FREGISTERS AGENT MUST SIGN  Street Address of Each Officer and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  The Plorida nonprofit corporations of section 607.0503 or	_	1				1	•	6. CERTIFICATE	6. SEPTISIONE OF STATIS PROJECT S. \$8.75 Addition		
MARY A MC GILLICUDDY  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc. MOC SUITE 459  City FT MYERS  State State FL 339901  State Signature of Registered Agent  REGISTER AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  8701 ESTERO BLVD SUITE 607  FT MYERS FL 33991  T MARILYN STOUT  NANCY MCGOVERN  TREGISTER OF SOUTH ENTRADA DDR  FT MYERS FL 33901  T MARILYN STOUT  NANCY MCGOVERN  TREGISTER OF SOUTH ENTRADA DDR  FT MYERS FL 33901			7. Name and Address of	Current Regis	tered Agent						
Street Address (P.O. Box Number is Not Acceptable)  C/O 2776 CLEVELAND AVE  Suite, Apt. #, Etc. MOC SUITE 459  City FT MYERS  State FL 33901  State and requesting the reinstatement fee be waived.  City FT MYERS  State FL 33901  State and requesting the reinstatement fee be waived.  Clip April 1 April 2 April 1 April 2 April 1 April 2 April 1 April 2 April 2 April 1 April 2 April 2 April 2 April 1 April 2 April											
Suite Apt. #, Etc. MOC SUITE 459  City MYERS  State FL 33901  State Suite Suit	Street Address (P.O. Box Number is Not Acceptable) C/O 2776 CLEVELAND AVE							the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
State FL 33901											
Signature of Registered Agent							Zip Code 33901	000146477540			
Registered Agent  REGISTERED AGENT MUST SIGN  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  Officer and/or Director  8701 ESTERO BLVD SUITE 607  FT MYERS FL 33931  T MARILYN STOUT  2907 SW 29TH AVE  CAPE CORAL FL 33914  VC NANCY MCGOVERN  785 SOUTH ENTRADA DDR  FT MYERS FL 33901	, , , , , , , , , , , , , , , , , , , ,										
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S LOIS C BARRETT 8701 ESTERO BLVD SUITE 607 FT MYERS FL 33931  T MARILYN STOUT 2907 SW 29TH AVE CAPE CORAL FL 33914  VC NANCY MCGOVERN 785 SOUTH ENTRADA DDR FT MYERS FL 33901											
T MARILYN STOUT 2907 SW 29TH AVE CAPE CORAL FL 33914  VC NANCY MCGOVERN 785 SOUTH ENTRADA DDR FT MYERS FL 33901	Titles								City / State / Zip		
VC NANCY MCGOVERN 785 SOUTH ENTRADA DDR FT MYERS FL 33901	S	LOIS C BARRETT			8701 ESTERO BLVD SUITE			TE 607	FT MYERS FL 33931		
	Т	MARILYN STOUT			2907 S	W 29	TH AVE		CAPE CORAL FL 33914		
C RICHARD B AKIN 1220 WESTFIELD DR FT MYERS FL 33919  108-09	vc	NANCY	785 SOUTH ENTRADA DDR			DR	FT MYERS FL 33901				
STATE 08-09	С	RICHAR	1220 WESTFIELD DR				FT MYERS FL 33919				
						STATE			1 08-09		
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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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Akin

3/13/4

239 3345382

Daytime Phone #