

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
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002633

1. Corporation Name

CAPE MEMORIAL HOSPITAL, INC.

2. Principal Office Address - No P.O. Box #

636 DEL PRADO BLVD

3. Mailing Office Address

2776 CLEVELAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LEGAL DEPT MOC 459

City & State

CAPE CORAL FL

City & State

FT MYERS FL

Zip

33990

Country

LEE

Zip

33901

Country

LEE

000146477540
03/20/09--01021--019 **61.25
CR2E081 (12/08)

REINSTATEMENT

08-09

4. Date Incorporated or Qualified
To Do Business in Florida 5/16/1996

5. FEI Number
65-0666516

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

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 Zip Code
FL 33901

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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04/08/09--01003--040 **61.25

8. I, being appointed the registered 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

Mary A. McGillicuddy

REGISTERED AGENT MUST SIGN

Date 2-16-09

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	City / State / Zip
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
C	RICHARD B AKIN	1220 WESTFIELD DR	FT MYERS FL 33919

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:

Richard B. Akin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Akin

3/13/9

Date

239 334 5382

Daytime Phone #