

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

DOCUMENT # N96000003107 1. Entity Name NORTH CENTRAL FLORIDA HEALTH PARTNERS, INC.						FILED 05 DEC -8 PM 4:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 131 SW 15TH STREET OCALA, FL 34474				Mailing Address 131 SW 15TH STREET OCALA, FL 34474							
2. Principal Place of Business		3. Mailing Address		12062005 REIN-NP		CR2E099 (6/04)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3393247		Applied For <input type="checkbox"/> Not Applicable					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
Zip	Country	Zip	Country								
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent			
PUTNAL, KAREN A 118 N GADSDEN ST SUITE 200 TALLAHASSEE, FL 32301								Name Diane L. Wesch Street Address (P.O. Box Number is Not Acceptable) 502 Highland Blvd. City Inverness FL 34452			
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 <u>Diane L. Wesch</u> 12/6/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, 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 NAME STREET ADDRESS CITY - ST - ZIP	T DELOACH, JERRALD 502 HIGHLAND BLVD INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700062019447 12/08/05--01046--005 **236.25						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMIDT, PETER 502 HIGHLAND BLVD INVERNESS, FL 34452	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HENSLEY, EMERY 502 HIGHLAND BLVD INVERNESS, FL 34452	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LA MARCHE, MICHAEL 502 HIGHLAND BLVD INVERNESS, FL 34452	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OVERCASH, TODD 131 S.W. 15TH STREET OCALA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	B 12/09/05 REINSTATEMENT 05 <input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RAJU, DANTE 131 SW 15TH ST OCALA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Emery Hensley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Emery Hensley 12/5/2005 (352)344-6584		Date Daytime Phone #					

Page 202

ATTACHMENT TO 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT
NORTH CENTRAL FLORIDA HEALTH PARTNERS, INC.
FEI NUMBER 59-3393247

BOX 11 OFFICERS AND DIRECTORS CHANGES

- 1.1 C/D
- 1.2 Clark, Paul
- 1.3 131 S.W. 15th Street
- 1.4 Ocala, FL 34474

3.1 T/D

6.1 D

- 7.1 V/D
- 7.2 Beaty, Ryan
- 7.3 502 Highland Blvd.
- 7.4 Inverness, FL 34452

- 8.1 S/D
- 8.2 Mutarelli, Richard
- 8.3 131 S.W. 15th Street
- 8.4 Ocala, FL 34474