2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
09 JUN 19 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006213

1. Entity Name
ST. JOSEPH HOSPITAL MEDICAL ARTS BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21175 OCEAN BLVD PORT CHARLOTTE, FL 33952	21175 OCEAN BLVD PORT CHARLOTTE, FL 33952

REINSTATEMENT 06/12/09 -- CR2E099 (1/07) 68.09

2. Principal Place of Business, No P.O. Box #	3. Mailing Address
2400 Harbor Boulevard	2400 Harbor Boulevard
Suite, Apt. #, etc.: Suite 21	Suite, Apt. #, etc.: Suite 21
City & State: Port Charlotte FL	City & State: Port Charlotte FL
Zip: 33952 Country: USA	Zip: 33952 Country: USA

4. FEI Number 59-1740911 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R
21175 OCEAN BLVD
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name: Michael R. McKinley
Street Address (P.O. Box Number is Not Acceptable): 223 Taylor Street
City: Punta Gorda FL Zip Code: 33950

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 _____ DATE 6/15/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	P STOUT, GENE DDS 2400 HARBOR BLVD., STE 11 PORT CHARLOTTE, FL 33952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Khalidi, Sakina M.D. 2400 Harbor Blvd., #17 Port Charlotte, FL 33952 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWING, FRED P M.D. 2400 HARBER BLVD., STE. 15 PORT CHARLOTTE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2400 Harbor Blvd., #18 Port Charlotte, FL 33952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BERGER, GARY L M.D. 2400 HARBOR BLVD., STE. 21 PORT CHARLOTTE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition 33952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KHALIDI, SAKINA M.D. 2400 HARBOR BLVD., STE. 17 PORT CHARLOTTE, FL 33952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Padmanabhan, V.S M.D. 2400 Harbor Blvd., #16 Port Charlotte, FL 33952 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIARAVALLOTO, NORA 2500 HARBOR BLVD PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900157481729 06/19/09--01054--011 **122.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORES, ADELINA C M.D. 2400 HARBOR BLVD., STE. 12 PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 6-16 09 941625 6992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #