

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000003132

FILED
Oct 31, 2012
Secretary of State

Entity Name: MANATEE COUNTY RURAL HEALTH SERVICES FOUNDATION, INC.

Current Principal Place of Business:

12271 US HWY 701 N
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

P O BOX 469
PARRISH, FL 34219 US

New Mailing Address:

FEI Number: 65-0852321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, LAYON F II
442 OLD MAIN ST.
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LAYON ROBINSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PRESHA, WALTER
Address: P O BOX 499
City-St-Zip: PARRISH, FL 34219

Title: D
Name: MCKAY, JOHN
Address: 1001 3RD AVENUE WEST, STE 600
City-St-Zip: BRADENTON, FL 34205

Title: D
Name: WELLS, CHARLES
Address: P O BOX 499
City-St-Zip: PARRISH, FL 34219

Title: D
Name: MEADE, BRUCE
Address: P O BOX 499
City-St-Zip: PARRISH, FL 34219 US

Title: D
Name: ORENSTEIN, JEFFREY
Address: P O BOX 499
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER L PRESHA SR

MR

10/31/2012

Electronic Signature of Signing Officer or Director

Date