

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

~~W08000015350~~

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
08 APR -7 PM 3:51

DOCUMENT # 098000005386

1. Corporation Name

Memorial Healthcare Plaza Association, Inc.

04/08/08--01004--013 \*\*61.25

CR2E081 (12/07)

00-08

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

3901 S. University Boulevard

Suite, Apt. #, etc.

100

City & State

Jacksonville, Florida

Zip

32216

Country

United States

3. Mailing Office Address

3901 S. University Boulevard

Suite, Apt. #, etc.

100

City & State

Jacksonville, Florida

Zip

32216

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/1998

5. FEI Number

26-2243137

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

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Madonna Cuddy*

Madonna Cuddy  
Special Assistant Secretary

Date

3/25/08

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	City / State / Zip
President	Rance M. Sanders	1000 Urban Center, Suite 675	Birmingham/Alabama/35242
Vice President	David Baylot	1000 Urban Center, Suite 675	Birmingham/Alabama/35242
Secretary	Lt. Col. Bruce Bright, USMC (Ret.)	1000 Urban Center, Suite 675	Birmingham/Alabama/35242

900121442689  
03/27/08--01036--019 \*\*673.75

45-1-08

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:

*Rance M. Sanders* Rance M Sanders

3-24-08

208-248-0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #