


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000003559

1. Entity Name
**OCALA REGIONAL MEDICAL CENTER AUXILIARY
 FOUNDATION INC.**



FILED

04 NOV 23 PM 1:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business . Mailing Address
**1431 SW FIRST AVENUE 1431 SW FIRST AVENUE
 Ocala, FL 34474 Ocala, FL 34474**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

11162004 REIN-NP CR2E099 (6/04)

4. FEI Number **59-3600529** Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**BRYDON, DONNA
 4700 NE 11TH ST.
 Ocala, FL 34470**

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Donna Brydon* DATE 11/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, VERONICA 7143 S.W. 113TH LOOP OCALA, FL 34476 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRYDON, DONNA 4700 NE 11TH ST OCALA, FL 33470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LINDA 18194 SE 22ND PL SILVER SPRINGS, FL 34488 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, LOUISE 6 PINE PLACE COURT OCALA, FL 34472 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAHANES, RICHARD 8745-D S.W. 92ND PLAE OCALA, FL- 34481 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMALLWOOD, LUCY 11675 S.W. 138TH PLACE DUNNELLON, FL. 34432 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnson, Leroy 106 Emerald Road Ocala, FL 34482 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042963105 11/23/04--01048--013 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Donna Brydon* **Donna Brydon** DATE 11/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #