

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
1431 SW FIRST AVENUE
OCALA, FL 34474

Mailing Address
1431 SW FIRST AVENUE
OCALA, FL 34474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11162004 REIN-NP

CR2E099 (6/04)

City & State

City & State

4. FEI Number
59-3600529

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYDON, DONNA
4700 NE 11TH ST.
OCALA, FL 34470

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

(NOTE: Registered Agent signature required when reinstating)

11/20/04

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME ANDREWS, VERONICA
STREET ADDRESS 7143 S.W. 113TH LOOP
CITY-ST-ZIP Ocala, FL 34476 ☐ Delete

TITLE Johnson, Leroy
NAME Johnson, Leroy
STREET ADDRESS 106 Emerald Road
CITY-ST-ZIP Ocala, FL 34482 ☐ Change ☒ Addition

TITLE C
NAME BRYDON, DONNA
STREET ADDRESS 4700 NE 11TH ST
CITY-ST-ZIP Ocala, FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS 500042963105
CITY-ST-ZIP 11/23/04--01048--013 **\$61.25 ☐ Change ☐ Addition

TITLE D
NAME JOHNSON, LINDA
STREET ADDRESS 18194 SE 22ND PL
CITY-ST-ZIP SILVER SPRINGS, FL 34488 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GILL, LOUISE
STREET ADDRESS 6 PINE PLACE COURT
CITY-ST-ZIP Ocala, FL 34472 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME MAHANES, RICHARD
STREET ADDRESS 8745-D S.W. 92ND PLAE
CITY-ST-ZIP Ocala, FL 34481 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME SMALLWOOD, LUCY
STREET ADDRESS 11675 S.W. 138TH PLACE
CITY-ST-ZIP DUNNELLON, FL 34432 ☐ 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 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

11/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #