2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000006416

1. Entity Name
HILLIARD MEDICAL CENTER, INC.

FILED
05 JAN 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7919 W. 3RD ST. HILLIARD, FL 32046	7919 W. 3RD ST. HILLIARD, FL 32046

01102005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
3772 W. 3Rd St.	3772 W. 3Rd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hilliard FL	City & State: Hilliard FL
Zip: 32046 Country: Nassau	Zip: 32046 Country: Nassau

4. FEI Number: 59-3692604 ☐ Applied For ☐ Not Applicable

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
SHARPE, MICHAEL 7919 W. 3RD ST. HILLIARD, FL 32046	Name: Michael Sharpe Street Address (P.O. Box Number is Not Acceptable): 3772 W. 3Rd St. City: Hilliard FL Zip Code: 32046

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SHARPE, MICHAEL B M.D. 7919 WEST 3RD STREET HILLIARD, FL 32046	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Sharpe, Michael 3772 W. Third St. Hilliard, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600004497306 01/19/05--01003--005 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 607, 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: _____ 1-13-05 904/845-3574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #