

## 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000003262</b> 1. Entity Name <b>NORTH PINELLAS CHILDREN'S MEDICAL CENTER, INC.</b>																																																																																																																										
Principal Place of Business <b>31860 US 19 N. PALM HARBOR, FL 34684</b>			Mailing Address <b>31860 US 19 N. PALM HARBOR, FL 34684</b>																																																																																																																							
2. Principal Place of Business - No P.O. Box # <b>A</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																								
City & State		City & State		4. FEI Number <b>02-0532518</b>																																																																																																																						
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																						
6. Name and Address of Current Registered Agent  <b>ROMMER, DUANE 4851 CROSS POINT DR OLDSMAR, FL 34677</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																																																																																																																						
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 <span style="float: right;">11/24/08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KLEIN, JAY H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1425 SAIL HARBOR CIR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TARPON SPRINGS, FL 34689</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FAUBER, DEAN H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1825 SALEM CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DUNEDIN, FL 34698</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GROVER, ALPANA A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4946 QUILL CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM HARBOR, FL 34685</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MITCHELL, PAUL E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6143 CLAIREDELUNE CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34655</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLACK, JANET K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3547 ERMINE PATH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM HARBOR, FL 34684</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARMSTRONG, CHRISTINE B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14612 TUDOR CHASE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33626</td> <td></td> </tr> </table> </div> <div style="width: 50%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	KLEIN, JAY H		STREET ADDRESS	1425 SAIL HARBOR CIR.		CITY-ST-ZIP	TARPON SPRINGS, FL 34689		TITLE	D	<input type="checkbox"/> Delete	NAME	FAUBER, DEAN H		STREET ADDRESS	1825 SALEM CT.		CITY-ST-ZIP	DUNEDIN, FL 34698		TITLE	D	<input type="checkbox"/> Delete	NAME	GROVER, ALPANA A		STREET ADDRESS	4946 QUILL CT		CITY-ST-ZIP	PALM HARBOR, FL 34685		TITLE	D	<input type="checkbox"/> Delete	NAME	MITCHELL, PAUL E		STREET ADDRESS	6143 CLAIREDELUNE CT.		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		TITLE	D	<input type="checkbox"/> Delete	NAME	BLACK, JANET K		STREET ADDRESS	3547 ERMINE PATH		CITY-ST-ZIP	PALM HARBOR, FL 34684		TITLE	D	<input type="checkbox"/> Delete	NAME	ARMSTRONG, CHRISTINE B		STREET ADDRESS	14612 TUDOR CHASE DR.		CITY-ST-ZIP	TAMPA, FL 33626		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <span style="float: right;">Date: _____ Daytime Phone #: _____</span>																																																																																																																										

FILED  
08 DEC 11 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



SEE ATTACHED  
ADDITIONS

200138954932  
12/11/08--01020--010 \*\*150.00

Director  
Allison, Joanna  
14740 Waterchase Blvd  
Tampa, FL 33626

Director  
Duane Rommel  
4851 Cross Point Drive  
Oldsmar, FL 34677

Director  
Alvarez, Alfred  
1044 Eniswood Park  
Palm Harbor, FL 34683

Director  
Cavanaugh, Lara  
2154 Feather Sound Drive  
Clearwater, FL 33762

Director  
Dwyer, James  
10802 Alico Pass  
New Port Richey, FL 34655

Director  
Pantages, Efstratios  
1666 Sea Breeze Drive  
Tarpon Springs, FL 34689

Director  
Razman, Dolores  
640 Orange Street  
Palm Harbor, FL 34683

Director  
Sawka, Jennifer  
2051 Swan Lane  
Palm Harbor, FL 34683

Director  
Weber, Charlene  
4626 Ayrton Terrace  
Palm Harbor, FL 34685

Director  
Hennessy, Thomas  
2039 Harbour Watch Circle  
Tarpon Springs, FL 34689