2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P03188 2006 OCT 23 PM 4: 24 DEBORAH HOSPITAL FOUNDATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 212 TRENTON ROAD/CYMROT CENTER 212 TRENTON ROAD/CYMROT CENTER BROWN MILLS, NJ 08015 BROWN MILLS, NJ 08015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10132006 REIN-NP CR2E099 (11/05) City & State City & State 4. FEI Number Applied For 22-2049500 Not Applicable Zip Country Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLOOM GOLIA, CHRIS Street Address (P.O. Box Number is Not Acceptable) THE ATRIUM FINANCIAL CENTER 1515 NORTH FEDERAL HIGHWAY, SUITE 304 BOCA RATON, FL 33432 BOCA RATON 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. 1 am familiar the obligations of registered agent. John SIGNATURE Signature, typed or printed name of reg (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the After January 1, 2007, Fee will be \$122.50 Florida Department of State corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Addition TITLE Delete MARGEORTES, SPERO NAME NAME TRENTON ROAD STREET ADDRESS STREET ADDRESS **BROWNS MILLS, NJ** CITY-ST-ZIP CITY-ST-ZIP TITLE PRESIDEN C Delete TITLE Change 1 Addition ERNST, JOHN NAME NAME TRENTON ROAD STREET ADDRESS STREET ADDRESS **BROWNS MILLS, NJ** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition MINARDO, CARL J. NAME NAME 300081123093 10/23/06--01059--005 **61 STREET ADDRESS TRENTON ROAD STREET ADDRESS BROWNS MILLS, NJ **S1.25 CITY-S1-ZIP CITY-ST-ZIP ☐ Change ★Addition TITLE ☐ Delete TITLE 60,0 NAME JAY HADLEY STREET ADDRESS STREET ADDRESS TRENTON ROAD CITY-ST-ZIP CITY-ST-ZIP SPOUNS NICLS NJ 28015 TITLE □ Delete TITLE DIRECTUR OF FINANCE Change KAddition CHRISTOPHEL NASTE TRENTONS KOAD NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY+ST-ZIP 985/5 ROWNS HILLS Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 fustee epipowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachmen vered to execute this reper