

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000146783

FILED  
Oct 01, 2008  
Secretary of State

Entity Name: BUNNELL MEDICAL CENTER, INC.

## Current Principal Place of Business:

700 MOODY BLVD.  
BUNNELL, FL 32110 US

## New Principal Place of Business:

700 E MOODY BLVD.  
BUNNELL, FL 32110 US

## Current Mailing Address:

P O BOX 727  
BUNNELL, FL 32110 US

## New Mailing Address:

FEI Number: 20-1820435      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOWELL, SIDNEY M ESQ.  
1102 E. MOODY BLVD.  
BUNNELL, FL 32110 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: SIDNEY NOWELL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CANAKARIS, JOHN M DR  
Address: P O BOX 727  
City-St-Zip: BUNNELL, FL 32110 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: LUCAS, SYLVESTER  
Address: 700 E MOODY BLVD  
City-St-Zip: BUNNELL, FL 32110 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M CANAKARIS MD

P

10/01/2008

Electronic Signature of Signing Officer or Director

Date