

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000067093

FILED
Apr 04, 2012
Secretary of State

Entity Name: SW FLORIDA REGIONAL MEDICAL CENTER INC.

Current Principal Place of Business:

5580 19 TH COURT SW
UNIT 2
NAPLES, FL 34116

New Principal Place of Business:

5580 19TH COURT SW
UNIT 2
NAPLES, FL 34116 US

Current Mailing Address:

5580 19 TH COURT SW
UNIT 2
NAPLES, FL 34116

New Mailing Address:

5580 19TH COURT SW
UNIT 2
NAPLES, FL 34116 US

FEI Number: 27-3256502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADAN, RAFAEL SR
5580 19 TH ST SW
UNIT 2
NAPLES, FL 34116 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: RAFAEL MADAN SR.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MADAN, RAFAEL SR
Address: 5580 19 TH ST SW
City-St-Zip: NAPLES, FL 34116

I hereby 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 all other like empowered.

SIGNATURE: RAFAEL MADAN SR.

P

04/04/2012

Electronic Signature of Signing Officer or Director

Date