

**2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 760386

**Entity Name:** LEHIGH HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

1500 LEE BLVD  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

1500 LEE BLVD  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 59-2190899

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEHIGH REGIONAL MEDICAL CENTER  
1500 LEE BLVD  
LEHIGH ACRES, FL 33936 US

*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:** KAREN NICHOLS

12/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           MANAGER  
Name           BALL, JOEL  
Address        1500 LEE BLVD  
City-State-Zip: LEHIGH ACRES FL 33936

Title           TREASURER  
Name           SAPP, JEAN  
Address        1500 LEE BLVD  
City-State-Zip: LEHIGH ACRES FL 33936

Title           AUTHORIZED REPRESENTATIVE  
Name           COLLINS, ARNOLD  
Address        1500 LEE BLVD.  
City-State-Zip: LEHIGH ACRES FL 33936

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOEL BALL

MANAGER

12/05/2024

Electronic Signature of Signing Officer/Director Detail

Date