Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845  S TA  *Enter the email address for this business entity to be used for future	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **  **Email Address:  REGISTERED AGENT CHANGE  MARTIN MEMORIAL MEDICAL CENTER, INC.  Certificate of Status  0	To:	Division of Co Fax Number	orporations : (850)617-6380					2019 AUG 28 At	•
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Electronic Filing Menu

Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 6 nunge is submitted for a c ler to change its registere	corporation organi	zed under the laws of	the State of FI	<u>.</u>	<u></u>	
	the corporation: MARTI				TIAA.		
2. The principa	al office address: 200 HOS	SPITAL AVE, STU	ART, FL 34994		·		<u> </u>
3. The mailing	address (if different): P.C	). BOX 9010, STU	ART, FL 34995			<del></del>	<u> </u>
4. Date of inco	rporation/qualification:	11/17/1967	Document numb	er: 713648		<del></del>	
5. The name an	nd street address of the cu artment of State: (If resig	irrent registered ag	ent and registered off	ice on file with	the		
	Office of the General Co	•	,				
	200 HOSPITAL AVE			<del></del>	- <del></del>	2019	
	STUART, FL 34994				1 25	2019 AUG	"∏
6. The name an (if changed):	d street address of the ne					28	
	C T Corporation System				2 : 2	AH 10:	
	c/o C T Corporation Syst					. 00	
	Plantation, Florida 33324	P.O. Box NOT as	zapiable		LLI.	ب	
The street addr	ess of its registered office be identical.	ce and the street ac	ldress of the business	office of its re	gistered age	nt,	
	as authorized by resoluti he board, or the corpora						. •
Way berg	di Castila	····	Barbara dyl	- Castillo		_	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as reg to comply with the provi my duties, and I am fan is document is being file that the corporation has	istered agent and i isions of all statut viliar with and ac ed merely to reflec s been notified in v	General Color agree to act in this ca as relative to the proj epi the obligation of a change in the regi writing of this change	ou name and the School A.35 be appacity. Ser and comple my position as sitered office and the series of the series	Secretar le, registered ildress, l	"Y	
By: C T Cor	rporacion System	·	8/28/19				
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Jar	thalf of an entity: nes M. Halpin						
	sistant Secretary  year or Printed Name	<del></del>					
	* 1	* FILING FEE	\$35 MI * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)