717217

Requester's Name

5601 North Dixie Hwy
Ste. 420
Address

Ft. Lauderdale, FL 33334
City/State/Zip Phone #

900004568739--0
-09/04/01--01122--015
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☑ Change of Registered Agent address
☐ Dissolution/Withdrawal
☐ Merger

FILED
01 SEP -4 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials AA 9/12

CR2E031(7/97)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : AMERICAN HOSPITAL OF MIAMI, INC.

2. The mailing address of the corporation : 5601 NORTH DIXIE HIGHWAY, SUITE 420
FORT LAUDERDALE, FLORIDA 33334

3. Date of incorporation/qualification: 9/22/1969 Document number: 717217

4. The name and address of the current registered agent and office:

JOHN MUDD
11880 S. W. 40TH STREET, SUITE 405
MIAMI, FLORIDA 33175

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

JOHN MUDD
5601 NORTH DIXIE HIGHWAY, SUITE 420
FORT LAUDERDALE, FLORIDA 33334

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Timothy C. Lincoln
(Signature of an officer, chairman or vice chairman of the board)

8/23/01
(Date)

TIMOTHY C. LINCOLN, VICE PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

8/23/01
(Date)

If signing on behalf of an entity:

JOHN MUDD
(Typed or Printed Name)

REGISTERED AGENT
(Capacity)

FILED
01 SEP -4 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*** * * FILING FEE: $35.00 * * ***

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314