Requester's Name Address

MACFARLANE FERGUSON & MCMULLEN ATTORNEYS AND COUNSELORS AT LAW

P.O. BOX 1669 CLEARWATER, FLORIDA 33757

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Examiner's Initials

Office Use Only if known): C----(Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Certifie Co Pick up time ☐ Walk in ☐ Photocopy Certificate of ☐ Will wait ☐ Mail out **AMENDMENTS NEW FILINGS** ☐ Profit Amendment Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication ☐ Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

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 <u>Florida</u> 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 : Morton Plant Mease Health Care Foundation, Inc.
2. The mailing address of the corporation: 1200 Druid Road South, Clearwater, FL 33756
3. Date of incorporation/qualification: 5/26/1977 Document number: 739163
4. The name and address of the current registered agent and office:
Marquardt, Emil C. Jr.
845 Indian Rocks Road
Belleair, FL 33516
5. The name and address of the new registered agent (if changed) and/or registered office (if changed)? (P. O. Box Not Acceptable)
Emil C. Marquardt, Jr.
625 Court Street, 2nd Floor
Clearwater, FL 33756
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.
(Signature of officer, chairman of vice chairman of the board) (Date)
LARRY F. HARNON JP & CFO (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.
3000 g-18-01
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: EMIL C. MARQUARDT, JR., Registered Agent
(Typed or Printed Name) (Capacity)

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