

749322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AJR  
11/17/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Shands Teaching Hospital and Clinics, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 749322

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrei Boyarshinov

Name of Contact Person

Shands Legal Services

Firm/Company

720 S. W. 2nd Avenue, Suite 360A

Address

Gainesville, FL 32601

City/State and Zip Code

boyara@shands.ufl.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrei Boyarshinov

Name of Contact Person

352 733-0030

at ( ) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Shands Teaching Hospital and Clinics, Inc.
2. The principal office address: 1600 SW Archer Road, Gainesville, FL 32610
3. The mailing address (if different): 720 SW 2nd Avenue, Suite 360A, Gainesville, FL 32601

4. Date of incorporation/qualification: October 15, 1979 Document number: 749322

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Charles B. Koval

720 SW 2nd Avenue, Suite 360A

Gainesville, FL 32601

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Andrei Boyarshinov

720 SW 2nd Avenue, Suite 360A

P.O. Box NOT acceptable

Gainesville, FL 32601

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, or the corporation has been notified in writing of the change.

James M. Roberts  
Signature of an officer or director

James M. Roberts, Secretary  
Printed or typed name and title

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Andrei Boyarshinov  
Signature of Registered Agent

September 18, 2012

Date

If signing on behalf of an entity:

Andrei Boyarshinov

Typed or Printed Name

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

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