

749322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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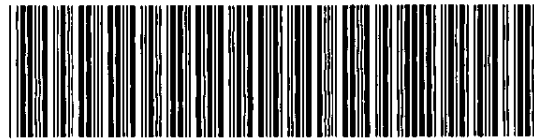
(Business Entity Name)

(Document Number)

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JUN 30 2015

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:

Cristina Palacio

Name of Contact Person

UF Health Shands Legal Services

Firm/Company

P. O. Box 100303

Address

Gainesville, FL 32610

City/State and Zip Code

palacc@shands.ufl.edu

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

For further information concerning this matter, please call:

Cristina Palacio

Name of Contact Person

at (352) 627-9045

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

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SECRET
TALLAHASSEE, FL

**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): P. O. BOX 100303, GAINESVILLE, FL 32610

4. Date of incorporation/qualification: 10/15/1979 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)

VIVIAN M. GALLO

3007 SW WILLISTON ROAD, SUITE 1A

GAINESVILLE, FL 32608

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

JAMES M. ROBERTS

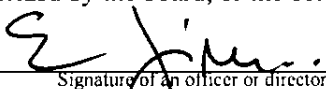
3007 SW WILLISTON ROAD, SUITE 1A

P.O. Box NOT acceptable

GAINESVILLE, FL 32608

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.



Signature of an officer or director

EDWARD JIMENEZ, CEO/Director

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.



Signature of Registered Agent

June 9, 2015

Date

If signing on behalf of an entity:

JAMES M. ROBERTS

Typed or Printed Name

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