

F10000003123

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H18000316393 3)))



H180003163933ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2018 NOV -1 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FL

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

RECEIVED

2018 NOV -8 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FL

P.A./R.O./chs

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

NOV 13 2018

I ALBRITTON

REGISTERED AGENT CHANGE

Requesting original
filing date
of
11/01/2018

THE MCLEAN HOSPITAL CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Requesting original
filing date
of
11/01/2018

850-617-6381

11/9/2018 9:19:39 AM PAGE

1/001 Fax Server



November 9, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE MCLEAN HOSPITAL CORPORATION
115 MILL STREET
BELMONT, MA 02478US

SUBJECT: THE MCLEAN HOSPITAL CORPORATION
REF: F10000003123

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Please space the information shown in part 1(ONE), 5(FIVE), 6(SIX) and in the spaces provided for the officer/director and new registered agent printed name.

TYPING THE INFOMATION WITHOUT SPACES IS NOT ACCEPTABLE.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H18000316393
Letter Number: 918A00023161

RECEIVED

2018 NOV -9 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FL

To: Page 2 of 4

2018-11-08 15:40:02 EST

17175856509 From: CLS-FF Harrisburg Fulfillment

850-617-6381

11/5/2018 10:45:28 AM PAGE

1/001 Fax Server



November 5, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE MCLEAN HOSPITAL CORPORATION
115 MILL STREET
BELMONT, MA 02478US

SUBJECT: THE MCLEAN HOSPITAL CORPORATION
REF: F1000003123

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please space the information in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H18000316393
Letter Number: 018A00022731

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 MA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: The McLean Hospital Corporation
- 2. The principal office address: _____
115 Mill Street Belmont, MA 02478
- 3. The mailing address (if different): _____
115 Mill Street Belmont, MA 02478
- 4. Date of incorporation/qualification: 07/12/2010 Document number: F10000003123

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)

Cogency Global Inc.
115 North Calhoun St., Suite 4
Tallahassee, FL 32301

FILED
2018 NOV -1 AM 8:00
SECRETARY OF STATE
FALL ANNUAL REPORT

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

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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.

Michele Holden
Signature of an officer or director

Michele Holden, 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.

By: *P Belanger*
Signature of Registered Agent

10/26/2018
Date

If signing on behalf of an entity:

Patricia Belanger, Asst Sect
Typed or Printed Name

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

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