

F1400000 1611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

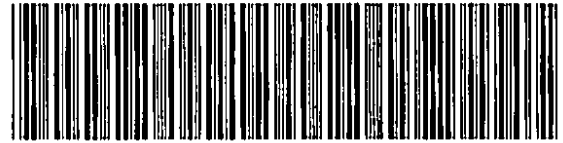
(Business Entity Name)

(Document Number)

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HALL AHBASSIST, FL

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C. GOLDEN

MAR 16 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rogers Memorial Hospital, Inc.
Name of Corporation

DOCUMENT NUMBER: F14000001611

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:

Dawn Krautkramer
Name of Contact Person

Rogers Memorial Hospital
Firm/Company

37400 Valley Road
Address

Oconomowoc, WI 53066
City/State and Zip Code

Dawn.Krautkramer@rogershospital.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Junger at (414) 721-0922
Name of Contact Person 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 Wisconsin in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROGERS MEMORIAL HOSPITAL INCORPORATED

2. The principal office address: 37400 Valley Road, Oconomowoc, WI 53066

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/09/2014 Document number: F14000001611

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)

Arnold Steuber

2002 North Lois Avenue, Suite 400

Tampa, FL 33607

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

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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TALLAHASSEE, FL

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.

Tyler Junger
Signature of an officer or director

Tyler James Junger, Authorized Agent
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.

Bill Havre
Signature of Registered Agent

02/26/2019
Date

If signing on behalf of an entity:

Bill Havre/Secretary/Registered Agents Inc.
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