

*N000000006210*

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : ADVENTIST HEALTH SYSTEM  
Account Number : I20050000005  
Phone : (407) 975-1410  
Fax Number : (407) 975-1414

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

Email Address: Sarah.Sneath@ahss.org

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
MEMORIAL HEALTH SYSTEMS FOUNDATION, INC.

Certificate of Status	0
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Page Count	03
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*APR 12/16/11*

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEMORIAL HEALTH SYSTEMS FOUNDATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N00000006210

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:

Sarah Sneath  
Name of Contact Person

Adventist Health System  
Firm/Company

900 Hope Way  
Address

Altamonte Springs, FL 32714  
City/State and Zip Code

sarah.sneath@ahss.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Sneath at ( 407 ) 975-1494  
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

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**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: MEMORIAL HEALTH SYSTEMS FOUNDATION, INC.
- 2. The principal office address: 770 WEST GRANADA BLVD SUITE 302  
ORMOND BEACH FL 32174
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/18/2000 Document number: N00000006210

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)  
Jeff Bromme  
111 N. Orlando Avenue  
Winter Park, FL 32789

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Jeff Bromme  
900 Hope Way  
P.O. Box NOT acceptable  
Altamonte Springs, FL 32714

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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.

                      Ariel De Prada, Assistant Secretary  
Signature of an officer or 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.*

\_\_\_\_\_ NO change \_\_\_\_\_  
Signature of Registered Agent                      Date

If signing on behalf of an entity:  
 \_\_\_\_\_  
Typed or Printed Name

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