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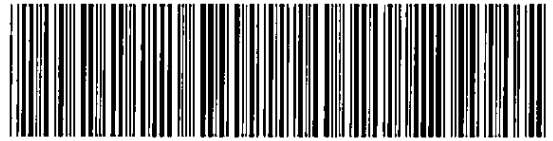
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BY APPOINTMENT:
37 N. ORANGE AVENUE, SUITE 500
ORLANDO, FLORIDA 32801
TELEPHONE: (407) 331-6620
TELEFAX: (407) 331-3030

BY APPOINTMENT:
201 E. GOVERNMENT STREET
PENSACOLA, FLORIDA 32502
TELEPHONE: (850) 439-1001
TELEFAX: (407) 331-3030



"REPRESENTING HEALTHCARE PROVIDERS"
RESPOND ONLY TO MAIN OFFICE:
1101 DOUGLAS AVENUE, SUITE 1000
ALTAMONTE SPRINGS, FLORIDA 32714
TELEPHONE: (407) 331-6620
TOLL FREE: (888) 331-6620
TELEFAX: (407) 331-3030
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GEORGE F. INDEST III, J.D., M.P.A., LL.M.
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FLORIDA

May 22, 2024

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **The Medical Staff of Florida Hospital DeLand, Inc.**
Document No.: N17000002116
Our File No.: 3467/001
FORWARDING OF STATEMENT OF CHANGE OF REGISTERED
OFFICE/AGENT AND FILING FEE

Dear Sir or Madam:

I have enclosed the Statement of Change of Registered Office/Agent and check #34797 in the amount of \$35.00, for the filing fee in the above-referenced matter.

Thank you for your attention to this matter.

Sincerely,

THE HEALTH LAW FIRM, P.A., by:

MICHAEL L. SMITH
Board Certified by The Florida Bar
in the Specialty of Health Law

encl: (1) Statement of Change of Registered Office/Agent
(2) Check #34797 for \$35.00

cc: Client (w/out encls)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Medical Staff of Florida Hospital DeLand, Inc.
Name of Corporation

DOCUMENT NUMBER: N1700002116

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:

George Indest III, J.D., M.P.A., LL.M.

Name of Contact Person

The Health Law Firm, P.A.

Firm/Company

1101 Douglas Avenue, Suite 1000

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

CourtFilings@TheHealthLawFirm.com

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

For further information concerning this matter, please call:

George Indest III, J.D., M.P.A., LL.M. at (407) 331-6620
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: The Medical Staff of Florida Hospital DeLand, Inc.

2. The principal office address: 701 West Plymouth Avenue, DeLand Florida 32720

3. The mailing address (if different): _____

4. Date of incorporation/qualification: February 27, 2017 Document number: N17000002116

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)

Dean Mead Services, LLC
420 South Orange Avenue, Suite 700
Orlando, Florida 32801

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

The Health Law Firm, P.A.
1101 Douglas Avenue, Suite 1000
Altamonte Springs, Florida 32714
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.



Signature of an officer or director

Christopher DiBello, M.D., Chief of Staff

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.

George F. Indestine, Pres., for:

Signature of Registered Agent

5/22/2024

Date

If signing on behalf of an entity:

The Health Law Firm, P.A.

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 (04/13)

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