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From:

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## REGISTERED AGENT CHANGE

CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)

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7. Roberts | | 1 5 2008

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he comporation: Cleveland Clinic Florida (A Nonprofit Corporation)
2. The principal.	
	ddress (if different):
4. Date of incorp	poration/qualification: 7-13-81 Document number: N21536
5. The name and Florida Depart	istreet address of the current registered agent and registered office on file with the treent of State:
	ANDREW SERVICE CORPORATION OF FLORIDA
,	201 N. FRANKLIN STREET
	TAMPA, FL 33602-5164
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	C T Corporation System
	1200 South Pine Island Road
	(P.O. Box NOT succeptable)
	Plantation, FL 33324
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so is board, or the corporation has been notified in writing of the change.
(5)	DAVIA W. ROWAR, Searchary  (President of Grand and fills)
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	mature of Registered Agent) (Date)
If gioning on be	half of an entity:
11 01811112 0-1 +4	Samantha Jones
	yped or Philiparticipal Secretary
•	* * * FILING FEE: \$35.00 * * *
M. CR2E045 (8/05)	Make checks payable to Florida Department of State ail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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