N32597

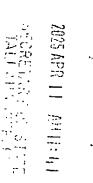
| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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-ip. 6-2-2025

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|--------------|---|---------------------------------|-------------------|--|
| SUBJ Name | ECT: Memorial Hospital Flagler, Inc. of Corporation | | | _ |
| DOCI | UMENT NUMBER: N32597 | | | _ |
| The er | nclosed Statement of Change of Registered | d Office/Agent and fee a | ire submitted for | filing. |
| Please | return all correspondence concerning this | matter to the following | : | |
| Marler | ne Durand | | | |
| Name | of Contact Person | <u> </u> | | |
| Adven | ntHealth | | | |
| Firm/C | Company | | | |
| | ope Way | | | _ |
| Addre | SS | | | 70 7 |
| | onte Springs, FL 32714 | | | O A |
| City/S | tate and Zip Code | | | FG 33 |
| | corp.legal@adventhealth.com | | | |
| E-mai | il address: (to be used for future annua | l report notification) | | — ., <u>., .</u> , |
| | | | | |
| For fu | rther information concerning this matter, p | olease call: | | 2025 APR 11 MAIN WI SECRETARY SECTION |
| Marler | ne Durand | at (407 | 776-5378 | |
| | Name of Contact Person | Area Code | & Daytime Tel | ephone Number |
| Enclos | sed is a \$35.00 check made payable to the | Department of State. | | |
| | Mailing Address: Amendment Section | Street Address: Amendment Se | ction | |
| | Division of Corporations | Division of Co | | |
| | P.O. Box 6327 | The Centre of | | |
| | Tallahassee, FL 32314 | 2415 N. Monro | | 810 |

Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of cha | nge is submitted for a corporation | 17.0302, 607.1308, or 617.1308, Fiorida Sid organized under the laws of the State of $\overline{\text{Fl}}$ registered agent, or both, in the State of Fla | orida | |
|---|---|---|-----------------------|------------------------------------|
| I. The name of t | he corporation: Memorial Hospital | Flagler, Inc. | | |
| 2. The principal | office address: 60 MEMORIAL MI | EDICAL PARKWAY, PALM COAST, FL 32 | 164 | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 05/31/1989 | Document number: N32597 | | |
| | street address of the current regist tment of State: (If resigned, enter r | tered agent and registered office on file with resigned) | i the | |
| | Jeff Bromme | | | |
| | | | | |
| 6. The name and (if changed): | ed agent (if changed) and /or registered offic | SECRET | 2025 APR 11 515 115 H | |
| | 902 Inspiration Avenue, Altamonte | Springs, FL 32714 | = 1 | |
| | | P O, Box NOT acceptable | 9 <u>1</u> | |
| The street addre as changed will | ess of its registered office and the be identical. | street address of the business office of its | registere | |
| Such change wa authorized by th | as authorized by resolution duly a ne board, or the corporation has be | dopted by its board of directors or by an o een notified in writing of the change. | fficer so | |
| Jan | · L B | Toni Berrios, Officer | | |
| I hereby accept I further agree to of my duties, and document is bei | to comply with the provisions of a | Printed or typed name and title rent and agree to act in this capacity. It is statutes relative to the proper and complete obligation of my position as registered e in the registered office address, I hereby thange. | olete perfe | ormance)r, if this that the |
| MM | " K Allend | 3/27/2025 | | |
| () | half of an entity: | Date | | |
| Sylvia R. Adams | | | | |
| T | yped or Printed Name | | | |

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