

N 48162

**Smith
Smith
&
Parker**

ATTORNEYS AT LAW, P.A.

Michael S. Smith
Stephen A. Smith, P.A.
Gregory S. Parker
Paul V. Smith
G. Cline Moore

November 17, 1998

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Doctors' Memorial Hospital, a Florida not for profit corporation

Dear Sir/Madam:

500002691205--0
-11/19/98--01029--014
*****35.00 *****35.00

Please find enclosed an original Statement of Change of Registered Agent of Doctors Memorial Hospital, Inc. I have enclosed a check in the amount of \$35.00 for filing charges. Furthermore, I have enclosed a copy of the amendment. Please send to this office a file copy of the amendment in the enclosed self addressed stamped envelope.

Thank you for your assistance in this matter.

Sincerely,
MICHAEL S. SMITH

By: Angel M. Turner
Angel M. Turner

*ROA change
12-15-98
BMS*

MSS/amt
Encls.

98 DEC 10 AM 8:56
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 2, 1998

RECEIVED

DEC 04 1998

MICHAEL S. SMITH
P.O. DRAWER 579
PERRY, FL 32348

SMITH, SMITH & PARKER
ATTORNEYS AT LAW, P.A.

SUBJECT: DOCTORS' MEMORIAL HOSPITAL, INC.
Ref. Number: N48162

We have received your document for DOCTORS' MEMORIAL HOSPITAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spitzer
Document Specialist

Letter Number: 898A00057150

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98 DEC 10 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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98 DEC 10 AM 9:37
DIVISION OF CORPORATIONS

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: DOCTORS MEMORIAL HOSPITAL, INC.

2. The mailing address of the corporation is: 407 EAST ASH STREET PERRY, FLORIDA 32347

3. Date of incorporation/qualification: 4/1/1992 Document number: N48162

4. The name and address of the current registered agent and office:

H. D. CANNINGTON
407 EAST ASH STREET
PERRY, FLORIDA 32347

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

ALAN M. LEVINE
407 EAST ASH STREET
PERRY, FLORIDA 32347

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Flora Woodfaulk
(Signature of an officer, chairman or vice chairman of the board)

12/9/98
(Date)

FLORA WOODFAULK VICE CHAIRMAN OF THE BOARD
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Alan Levine
(Signature of Registered Agent)

12/9/98
(Date)

If signing on behalf of an entity:

ALAN M. LEVINE, CEO
(Typed or Printed Name)

(Capacity)

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