

N93000002229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

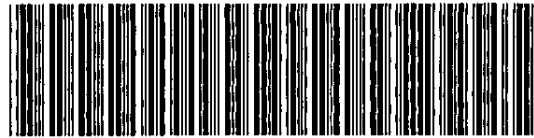
(Business Entity Name)

(Document Number)

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17 MAY 18 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 18 2017

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Holy Cross Hospital, Inc.

Name of Corporation

DOCUMENT NUMBER: N93000002229

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:

Gerald M. Morris, General Counsel

Name of Contact Person

Holy Cross Hospital, Inc.

Firm/Company

4725 N. Federal Highway

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

patty.vrobel@holy-cross.com

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

For further information concerning this matter, please call:

Gerald M. Morris, General Counsel

954

229-8500

Name of Contact Person

at ()

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

**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: Holy Cross Hospital, Inc.
2. The principal office address: 4725 N. Federal Highway
Fort Lauderdale, FL 33308
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 4/23/1990 Document number: N93000002229

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)

Patrick A. Taylor, M.D.

Holy Cross Hospital, Inc.

4725 N. Federal Highway, Fort Lauderdale, FL 33308

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

C T Corporation System

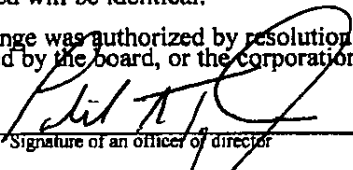
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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

Patrick A. Taylor, M.D., President & CEO

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.


Signature of Registered Agent

4/12/2017

Date

If signing on behalf of an entity:

Kristin Bolden

Assistant Secretary

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 (03/12)

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SECRETARY OF STATE
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