

N 94000000920

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MISSY.POSTON@BMCJAX.COM

REGISTERED AGENT CHANGE
BAPTIST MEDICAL CENTER OF NASSAU, INC.

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EXAMINER

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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: Baptist Medical Center of Nassau, Inc.
- 2. The principal office address: 1250 S. 18th Street
Surfside Beach, FL 32034
- 3. The mailing address (if different): 1325 San Marco Blvd. #902
Jacksonville, FL 32207
- 4. Date of incorporation/qualification: 2/22/94 Document number: 194100000920
- 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)

Harvey Granger
1325 San Marco Blvd., Suite 902
Jacksonville, FL 32207

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

New Address:
841 Prudential Drive, Suite 1802
P.O. Box NOT acceptable
Jacksonville, Florida 32207

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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.

 Harvey Granger - AS
Signature of an officer or director 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.

 11/5/09
Signature of Registered Agent Date

If signing on behalf of an entity:

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
 CR2B045 (8/05)

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