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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (950) 617-6380
From: Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813) 223-7000
Fax Number : (813) 229-4133

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: N/A

REGISTERED AGENT CHANGE
BERT FISH MEDICAL CENTER, INC.

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$35.00).

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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: BERT FISH MEDICAL CENTER, INC.
2. The principal office address: 305 MAGNOLIA STREET NEW SMYRNA BEACH, FL 32168
3. The mailing address (if different): PO BOX 909 NEW SMYRNA BEACH, FL 32170
4. Date of incorporation/qualification: 03/13/1995 Document number: N95000001178

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)

KENNEDY, JAMES J, III
4221 W. BOY SCOUT BLVD., STE. 1000
TAMPA, FL 33607-5780

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

CF REGISTERED AGENT, INC
100 S ASHLEY DRIVE, SUITE 400
TAMPA, FL 33602
P.O. Box NOT acceptable

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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.

[Signature]
Signature of an officer or director

William Preston Esquire, 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.

[Signature]
Signature of Registered Agent

7/27/17
Date

If signing on behalf of an entity:

Joyce F. Bentubo
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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