Florida Department of State
Division of Corporations
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REGISTRATION AGENT CHANGE
FLORIDA HEALTH SCIENCES CENTER, INC.

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<thead>
<tr>
<th>Certificate of Status</th>
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<td>Page Count</td>
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<td>$35.00</td>
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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 Statues, 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: FLORIDA HEALTH SCIENCES CENTER, INC.
   TAMPA GENERAL HOSPITAL
   ONE TAMPA GENERAL CIRCLE, TAMPA, FL 33606

2. The principal office address: PO BOX 1289
   ATTN: CONTROLLER, TAMPA, FL 33601

3. The mailing address (if different): Document number: N97000003941
   07/09/1997

4. Date of incorporation/qualification: 07/09/1997
   the Florida Department of State: (if resigned, enter resigned)
   DIXON, JONATHAN, III, ESQ
   ONE DAVIS BLVD., SUITE 401
   TAMPA, FL 33606

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)
   CF REGISTERED AGENT, INC.
   100 S. ASHLEY DRIVE, SUITE 400
   TAMPA, FL 33602

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

   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 officer or director

   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
   Date: 10-23-18

   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)