

N98000004562

FILED  
99 MAY 17 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Terry Rigsby

(Requestor's Name)

204 S. Monroe St.

(Address)

Tallahassee FL 32301 681-670

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

500002850395--76

-04/26/99--01004--026

\*\*\*\*\*35.00 \*\*\*\*\*35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. The villages Tri-county Medical center, inc. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
Mail out Will wait Photocopy Certificate of Status

Table with 2 columns: NEW FILINGS, Profit, NonProfit, Limited Liability, Domestication, Other

Table with 2 columns: AMENDMENTS, Amendment, Resignation of R.A., Officer/Director, Change of Registered Agent, Dissolution/Withdrawal, Merger

Table with 2 columns: OTHER FILINGS, Annual Report, Fictitious Name, Name Reservation

Table with 2 columns: REGISTRATION/QUALIFICATION, Foreign, Limited Partnership, Reinstatement, Trademark, Other

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C. COULLETTE MAY 17 1999

Examiner's Initials [Signature]



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 26, 1999

TERRY RIGSBY

TALLAHASSEE, FL 32301

SUBJECT: THE VILLAGES TRI-COUNTY MEDICAL CENTER, INC.  
Ref. Number: N98000004562

We have received your document for THE VILLAGES TRI-COUNTY MEDICAL CENTER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

The forms you have submitted are not in compliance with the statutes for changing the registered agent. Please complete the attached form and be sure you include the "name" of current agent as we show on our records.

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

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 699A00021791

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 MAY 17 PM 2:51

RECEIVED

**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: The Villages Tri-County Medical Center, Inc.

2. The mailing address of the corporation is: 1400 U.S. Highway 441 North, Suite 930,  
The Villages, Florida 32159

3. Date of incorporation/qualification: August 7, 1998 Document number: N98000004562

4. The name and address of the current registered agent and office:  
Terry Upton  
The Villages Tri-County Medical Center, Inc.  
1400 U.S. Highway 441 North, Suite 930  
The Villages, Florida 32159

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TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
Steven M. Roy, Esquire  
McLin, Burnsed, Morrison, Johnson, Newman & Roy, P.A.  
1100 Main St., Suite 211  
The Villages, Florida 32159

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.

Please see attached 5/17/99  
(Signature of an officer, chairman or vice chairman of the board) (Date)

Terry Upton, President  
(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.*

Please see attached 5/17/99  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:  
(Typed or Printed Name) (Capacity)

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



FLORIDA DEPARTMENT OF STATE  
Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE FOR  
CORPORATIONS**

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of submits the following statement in order to change the registered office in Florida.

1. The name of the corporation: The Villages Tri-County Medical Center, Inc.

2. The street address of the current registered office:

1400 U.S. Highway 441 North, Suite 930  
The Villages, Florida 32159

3. The street address of the new registered office:

Steven M. Roy, Esquire  
McLin, Burnsed, Morrison, Johnson, Newman & Roy, P.A.  
1100 Main Street, Suite 211  
The Villages, Florida 32159

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STATE DEPARTMENT OF STATE

The corporation has been notified in writing of this change.

The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.

Date: April 19, 1999

Terry Upton  
(Signature of Registered Agent)

Terry Upton  
(Printed or Typed Name)

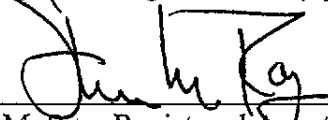
**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND  
REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF F.S. 617.0501, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING ITS REGISTERED AGENT AND RESIDENT OFFICE IN THE STATE OF FLORIDA.

1. The name of the corporation is The Villages Tri-County Medical Center, Inc.
2. The name and address of the registered agent and office is:

Steven M. Roy, Esquire  
McLin, Burnsed, Morrison, Johnson, Newman & Roy, P.A.  
1100 Main Street, Suite 211  
The Villages, Florida 32159

Having been named as registered agent and to accept service of process for the above-stated corporation at the address designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
\_\_\_\_\_  
Steven M. Roy, Registered Agent  
McLin, Burnsed, Morrison, Johnson, Newman &  
Roy, P.A.

4/8/99  
\_\_\_\_\_  
Date