

N98000004562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600187487276

11/08/10--01034--008 **210.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 NOV - 8 AM 8:36

Rolch
@ 11/9/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Villages Tri-County Medical Center, Inc.
Name of Corporation

DOCUMENT NUMBER: N98000004562

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:

Philip J. Braun
Name of Contact Person

Central Florida Health Alliance, Inc.
Firm/Company

940 Lake Shore Drive, Suite 200
Address

The Villages, FL 32162
City/State and Zip Code

pbraun@cfhalliance.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip J. Braun at (352) 751-8172
Name of Contact Person 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: The Villages Tri-County Medical Center, Inc.

2. The principal office address: 1451 El Camino Real
The Villages, FL 32159

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/07/1998 Document number: N98000004562

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)

Phillip J Braun
301 W Oak Terrace Dr Ste 102
Leesburg, FL 34748

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

Philip J. Braun
940 Lake Shore Drive, Ste 200
P.O. Box NOT acceptable
The Villages, FL 32162

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
10 NOV - 8 AM 8:36

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.

Dale E. Hocking
Signature of an officer or director

Dale E. Hocking, SVP/CFO, AS
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.

Philip J. Braun
Signature of Registered Agent

11-4-10
Date

If signing on behalf of an entity:

Philip J. Braun
Typed or Printed Name

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