N98000004502

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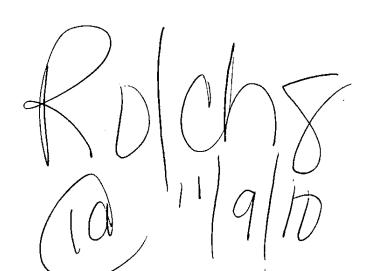
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SEGRETARY OF SHALL AHASSEE FLORIDA



COVER LETTER

TO: Amendment Division of C				
SUBJECT:	The Villages Tri-County Name of C	Medical Center, Inc.		
DOCUMENT NUM	BER: N98	000004562		
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:				
	5 ····			
	Philip .	. Braun		
_	Name of Co	ntact Person		
	Central Florida He	ealth Alliance, Inc.		
_		ompany		
		Drive, Suite 200		
_	Add	ress		
	The Villages	s, FL 32162		
City/State and Zip Code				
pbraun@cfhalliance.org				
E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter, please	call:		
F	Philip J. Braun	at (352) 751-8172		
	of Contact Person	at (352) 751-8172 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		
	i alialiassee, FL 32314	Tallahassee FL 32301		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	hange is submitted for a corporation organized under the laws of the State of Florida	_
	der to change its registered office or registered agent, or both, in the State of Florida.	
	f the corporation: The Villages Tri-County Medical Center, Inc.	· · · · · · · · · · · · · · · · · · ·
	al office address: 1451 El Camino Real	
	ges, FL 32159	
3. The mailing a	g address (if different):	
4. Date of incorp	orporation/qualification: 08/07/1998 Document number: N9800000456	32
	nd street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	Phillip J Braun	
	301 W Oak Terrace Dr Ste 102	是能
	Leesburg, FL 34748	5
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office):	FALLAHASSEL AM 8: 36
	Philip J. Braun	<u> </u>
	940 Lake Shore Drive, Ste 200	<u>ن</u>
	P.O. Box NOT acceptable	
	The Villages, FL 32162	
The street address changed will	dress of its registered office and the street address of the business office of its registered againly be identical.	ent,
Such change wa authorized by the	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
	Dale E. Hocking, SVP/CFO, AS Printed or typed name and title	_
•	pt the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete performs and I am familian with and accept the obligation of my position as registered agent. Or, if being filed merely to reflect a change in the registered office address, I hereby confirm that has been notified in writing of this change.	ance fthis tthe
1/14	Signature of Registered Agent Date	
If signing on be	behalf of an entity:	
-	Philip J. Braun 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 (8/05)