P98000016443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

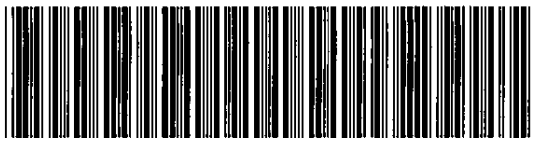
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RA | RO | chg

Ca 7.25.07



800106266068

07/19/07--01035--002 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 19 PM 12:59

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: GLENDALE MEDICAL PROPERTIES, INC.

2. The principal office address: 1601 20th Street, Vero Beach, Florida 32961

3. The mailing address (if different): 1601 20th Street, Vero Beach, Florida 32961

4. Date of incorporation/qualification: February 19, 1989 Document number: P98000016443

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Thomas W. Kelleher

3103 Cardinal Drive

Vero Beach, Florida 32963

FILED
07 JUL 19 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Charles Sullivan, Jr.

1601 20th Street

(P.O. Box NOT acceptable)

Vero Beach, Florida 32961

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 of an officer or director)

Charles Sullivan, Jr., 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 of Registered Agent)

May 21, 2007
(Date)

If signing on behalf of an entity:

Charles Sullivan Jr
(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)