

N970000003941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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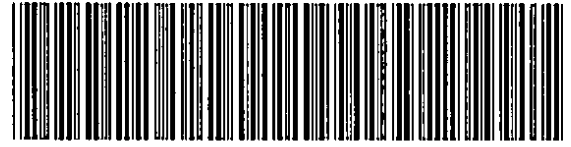
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change of Registered Agent  
Name of Corporation

**DOCUMENT NUMBER:** N97000003941

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:

Denise Jones, LHRM  
Name of Contact Person

Tampa General Hospital  
Firm/Company

P.O. Box 1289  
Address

Tampa, Florida 33601  
City/State and Zip Code

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

For further information concerning this matter, please call:

Denise Jones, LHRM at ( 813 ) 844-7175  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2018

DENISE JONES, LHRM      2nd mailing  
FLORIDA HEALTH SCIENCES CENTER, INC.  
POST OFFICE BOX 1289  
TAMPA, FL 33601

SUBJECT: FLORIDA HEALTH SCIENCES CENTER, INC.  
Ref. Number: N97000003941

We have received your document for FLORIDA HEALTH SCIENCES CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 318A00023288

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SECRETARY OF STATE  
TALLAHASSEE, FL

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2018

DENISE JONES, LHRM  
FLORIDA HEALTH SCIENCES CENTER, INC.  
ONE DAVIS BLVD - STE. 401  
TAMPA, FL 33606

SUBJECT: FLORIDA HEALTH SCIENCES CENTER, INC.  
Ref. Number: N97000003941

We have received your document for FLORIDA HEALTH SCIENCES CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 318A00023288

**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: Florida Health Sciences Center, Inc.

2. The principal office address: One Tampa General Circle, Tampa, FL 33606

3. The mailing address (if different): Tampa General Hospital, Attn: Risk Mgmt. Dept., P.O. Box 1289, Tampa, FL 33601

4. Date of incorporation/qualification: 07/09/1997 Document number: N97000003941

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, Florida 33602


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

Denise Jones, LHRM  
One Davis Boulevard; Suite 401  
P.O. Box NOT acceptable  
Tampa, Florida 33606

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TALLAHASSEE, FLORIDA

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

John D. Couris, President  
\_\_\_\_\_  
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

December 18, 2018  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
Denise Jones, LHRM  
\_\_\_\_\_  
Typed or Printed Name

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