

Division of Corporations

Page 1 of 2

N97000003941

H19000192009 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000192009 3)))



H190001920093ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : CARLTON FIELDS
 Account Number : 07607700355
 Phone : (813)223-7000
 Fax Number : (813)229-4133

REC JUN 19 2019

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: N/A

REGISTERED AGENT CHANGE
FLORIDA HEALTH SCIENCES CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

H19000192009 3

Electronic Filing Menu Corporate Filing Menu

Help JUN 20 2019 C McNAIR

RECEIVED

2019 JUN 19 AM 4:33

STATE OF FLORIDA

H19000192009 3

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: TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE, TAMPA, FL 33606
- 3. The mailing address (if different): PO BOX 1289
ATTN: CONTROLLER, 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)

JONES, DENISE, LHRM
ONE DAVIS BOULEVARD - STE. 401
TAMPA, FL 33606

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

CF Registered Agent, Inc.
100 S. Ashley Drive, Suite 400
P.O. Box NOT acceptable
Tampa, FL 33602

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.

Christina M. Prosser
Signature of an officer or director

JUDITH M. PROSSER / EVP & CEO
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.

Joyce F. Bentubo
Signature of Registered Agent

06-19-19
Date

If signing on behalf of an entity:
Joyce F. Bentubo - Director/Secretary
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 (03/12)

H19000192009 3