

N9700000 3941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

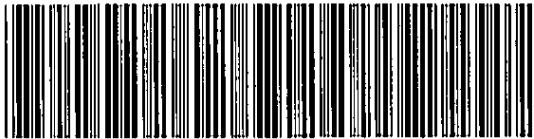
(Business Entity Name)

(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:

Nicole Justice, MSJ  
Name of Contact Person  
Florida Health Sciences Center, Inc  
Firm/Company  
One Tampa General Circle, P.O. Box 13000  
Address  
Tampa, Florida 33606  
City/State and Zip Code  
nicjustice@tgh.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Justice, MSJ at ( 813 ) 844-3834  
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.

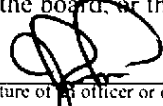
1. The name of the corporation: Florida Health Sciences Center, Inc.
2. The principal office address: Tampa General Hospital  
One Tampa General Circle, Tampa, Florida 33606
3. The mailing address (if different): Tampa General Hospital, Attn: Risk Mgmt., Dept.  
One Davis Boulevard, Suite 401, Tampa, Florida 33606
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 South Ashley Boulevard, Suite 400  
Tampa, Florida 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Nicole Justice, MSJ  
One Davis Boulevard, Suite 401  
P.O. Box NOT acceptable  
Tampa, Florida 33606

2019  
FILED: 8-30

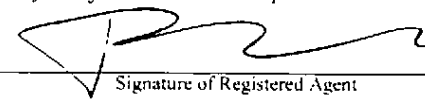
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 & 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

August 29, 2019  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
Nicole Justice, MSJ  
\_\_\_\_\_  
Typed or Printed Name

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