# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: JOSEPH FELKNER

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# 754003

Entity Name: CAPE CANAVERAL HOSPITAL FOUNDATION, INC.

### Current Principal Place of Business:

701 W COCOA BEACH CAUSEWAY COCOA BEACH, FL 32931

### **Current Mailing Address:**

6450 S US HWY 1 CORPORATE LEGAL DEPT ROCKLEDGE, FL 32955 US

## FEI Number: 59-2074733

### Name and Address of Current Registered Agent:

MATHIAS, DAVID E 6450 S US HWY 1 CORPORATE LEGAL DEPT ROCKLEDGE, FL 32955 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

Electronic Signature of Registered Agent

### Officer/Director Detail :

Title	PD	Title	TD
Name	FELKNER, JOSEPH G	Name	WRIGHT, ROBERT R
Address	6450 S US HWY #1	Address	6450 S US HWY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	S		
Name	MATHIAS, DAVID E		
Address	6450 S US HWY 1		
Citv-State-Zip:	ROCKLEDGE FL 32955		

PRESIDENT

03/19/2013

Date

#### FILED Mar 19, 2013 Secretary of State CC0277282956

Certificate of Status Desired: No

Date