

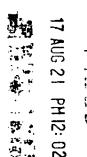
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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Westchester General Hosptial, Inc DOCUMENT NUMBER: 324638

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:

Mary Valdes

Name of Contact Person

Westchester General Hospital

Firm/Company

2500 S.W. 75th Avenue

Miami, FL 33155

City/State and Zip Code

admwgh@westchesterhospital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Valdes

 $\begin{array}{c} \text{at} \\ (305) \\ \hline \text{Area Code \& Daytime Telephone Number} \end{array}$

Name of Contact Person

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

statement of cha	mge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	iis 	
1. The name of	the corporation: Westchester G	Seneral Hospital, Inc.		
2. The principal	office address: 2500 S.W. 75tl	h Avenue, Miami, FL 33155		
	·····			!
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 12/29/196	57		
	d street address of the current registertment of State: (If resigned, enter re	ered agent and registered office on file with the signed)		
	Joel Snook, CFO (RESIG	GNED)		
	2500 S.W. 75th Avenue			
	Miami, Florida 33155			
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	17 AUG 21	<u></u>
	Valdes, Rafael		2	, ,
	2500 S.W. 75th Avenue	•••	PH 12:	D
		k NOT acceptable	; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	۱,_۷,
	Miami, FL 33155		; =	
The street address changed will	ess of its registered office and the st be identical.	treet address of the business office of its registere	d agent	-••
Such change was authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.		
		Gregory Fox, President and Chariman of the	Board	
•	ire of an officer or director	Printed or typed name and title		
l further agree performance of	my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as regist To reflect a change in the registered office address, fied in writing of this change.	ered , I	
KI	The Valor	8/2/17 Date		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Rafael Valo	<u>·</u>			
T	yped or Printed Name			

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