324638

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COVER LETTER

TO:

Amendment Section Division of Corporations

Westchester General Hospital, Inc.

Name of Corporation

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, Inc.

Firm/Company

2500 S.W. 75th Avenue

Address

Miami, Florida 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

ode & Daytime Telephone Number

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	provisions of sections 607.0302, 617.0302, 607.1308, or 617.13 ange is submitted for a corporation organized under the laws of	the State of Florida	_
	er to change its registered office or registered agent, or both, in	•	
	the corporation: Westchester General Hospital, Inc		
2. The principal	office address: 2500 S.W. 75th Avenue, Miami, FL		
 			-
3. The mailing a	address (if different):		! i
		- 1	
4. Date of incorp	poration/qualification: 12/29/1967 Document numb	_{ber:} 324638	
	d street address of the current registered agent and registered off rtment of State: (If resigned, enter resigned)	fice on file with the ∞	
	Rafael Valdes, CFO (RESIGNED)	3	
	2500 S.W. 75th Avenue		
	Miami, FL 33155		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or	registered office	
	Erika Ledezma, CFO		
	2500 S.W. 75th Avenue		
	P.O. Box NOT acceptable		
	Miami, FL 33155		
The street addre as changed will	ess of its registered office and the street address of the busines lbe identical.	ss office of its registered a	gent.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of direct he board, or the corporation has been notified in writing of the	ors or by an officer so change.	
Signalius	Rudy Garcia, C	DEO	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent and agree to act in this constant to comply with the provisions of all statutes relative to the profimy duties, and I am familiar with and accept the obligation of its document is being filed merely to reflect a change in the registrate corporation has been notified in writing of this change	capacity. oper and complete f my position as registered visiered office address. I	1
8/1/0	600/06/	19	
(half of an entity:	Date	_
Erika Ledez			
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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