## 624793

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Palm Springs General Hospital, Inc.

Name of Corporation

DOCUMENT NUMBER: 624793

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:

Marc P. Ganz, Esq.

Name of Contact Person

Nosich & Ganz, Attorneys at Law, P.L.

Firm/Company

75 Valencia Avenue, Suite 1100

Address

Miami, Florida 33134

City/State and Zip Code

mganz@ngattorneys.com

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

For further information concerning this matter, please call:

Marc P. Ganz, Esq.

...305

442-4800

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingesting in the state of state
	he corporation: Palm Springs General Hospital, Inc.
	office address: 1475 West 49th Street, Hialeah, Florida 33012
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 07/17/1979 Document number: 624793
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	John L. Zavertník, Esq.
	169 E. Flagler St., Suite 1125
	Miami, Florida 33131
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Marc P. Ganz, Esq.
	75 Valencia Avenue, Suite 1100
	P.O. Box NOT acceptable
	Coral Gables, Florida 33134
The street addre	ss of its registered office and the street address of the business office of its registered gent, we be identical.
Such change wa	s authorized by resolution duly adopted by its board of directors or by an officer so properties has been notified in writing of the change.
Chungh	Cample I Smith Chair man & Boan
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity.  o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	3/12/4
· ·	ature of RegMered Agent Date
If signing on bel	
Marc P. Gar	nod 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 \* \* \*