

700950

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6380

From:

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Account Number : 075030000653
Phone : (904)359-7700
Fax Number : (904)359-7700

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REGISTERED AGENT CHANGE
FLAGLER HOSPITAL, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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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: Flagler Hospital, Inc.
2. The principal office address: 400 Heath Park Blvd, St. Augustine, FL 32086
3. The mailing address (if different): Attn: Legal Department 100 Whetstone Place Suite 203 St. Augustine FL 32086
4. Date of incorporation/qualification: 05/12/1906 Document number: 700950
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)

Jill Berry100 Whetstone Place, Suite 203St. Augustine, FL 32086

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Thomas William Young3007 SW Williston Rd, Ste 1120P.O. Box NOT acceptableGainesville, FL 32608

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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.

Carlton DeVoight
Signature of an officer or director

Carlton DeVoight
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.

Thomas William Young
Signature of Registered Agent

8/23/2023
Date

If signing on behalf of an entity:

Thomas William YoungTyped or Printed Name

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

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

CR2E045 (04-13)

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