

702242



June 28, 2001

FILED SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JUL 16 AM 11:27

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: University of Miami


Dear Sir or Madam:

Enclosed is a Statement of Change of Registered Office which we ask you to file with the Department of State on behalf of the University of Miami to change the address of its registered office. Also enclosed is University of Miami check numbered 503611 in the amount of \$35.00 representing the filing fee for this service.

Thank you for your assistance in this matter and if you should have any questions or need additional information, please feel free to contact me.

200004477742--1  
-07/16/01--01097--018  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Sincerely,

  
Leslie A. Dellinger  
Assistant to the Secretary  
of the University

:lad  
Enclosures  
cc: Robert L. Blake  
Juan Reyes  
div\_corp.ltr

Note: RA's address changed only

OK'ed by SP

RA Address Chg.

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Board of Trustees  
P.O. Box 248042  
Coral Gables, Florida 33124-2420  
305-284-4025  
Fax: 305-284-2021

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: University of Miami

2. The mailing address of the corporation: Office of the President, 1252 Memorial Dr., Ashe Building, Room 230, Coral Gables, Florida 33146

3. Date of incorporation/qualification: April 7, 1961 Document number: 702242

4. The name and address of the current registered agent and office:

Juan Reyes, Risk Management Department  
Jackson Memorial Hospital  
Park Plaza West, Lower Level 309  
1611 N.W. 12th Avenue  
Miami, FL 33136

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Same  
Jackson Medical Towers  
1500 N.W. 12th Avenue, Suite 1112 East  
Miami, FL 33136

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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

Robert L. Blake  
(Signature of an officer, chairman or vice chairman of the board)

6/12/01  
(Date)

Robert L. Blake  
Vice President, General Counsel and  
Secretary of the University  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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