

705904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

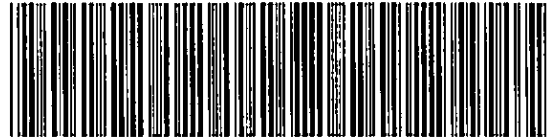
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400323907304

02/01/19--01020--009 \*\*105.00

TALLAHASSEE, FL

2019 FEB -1 PM 2:44

FILED

ROBINS  KAPLAN <sup>LLP</sup>

711 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES FL 34102

239 430 7070 TEL  
239 213 1970 FAX  
ROBINSKAPLAN.COM

TONI KRIBERSCHECK, CP  
CERTIFIED PARALEGAL  
239 213 1968 TEL  
TKRIBERSCHECK@ROBINSKAPLAN.COM

January 31, 2019

**Via FedEx**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Statements of Change of Registered Agent  
NCHMD, Inc. - Doc No. N03000009945  
NCH Healthcare System, Inc. - Doc No. 770117  
Naples Community Hospital, Inc. - Doc No. 705904

Dear Sir or Madame:

Enclosed are three Statements of Change of Registered Agent for the above entities. Our firm's check in the amount of \$105.00 is enclosed to cover all three filing fees.

Should you have any questions, please contact me.

Thank you for your assistance.

Sincerely,

ROBINS KAPLAN LLP



Toni Kriberscheck  
Paralegal to Lawrence A. Farese

/tlk  
Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NAPLES COMMUNITY HOSPITAL, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 705904

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:

Lawrence A. Farese, Esq.

Name of Contact Person

Robins Kaplan LLP

Firm/Company

711 5th Avenue S., Suite 201

Address

Naples, FL 34102

City/State and Zip Code

Beth.Martin@nchmd.org

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

For further information concerning this matter, please call:

Lawrence A. Farese, Esq. at 239 213-1968

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**

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: NAPLES COMMUNITY HOSPITAL, INC.
2. The principal office address: 350 7TH STREET NORTH, NAPLES, FL 34102
3. The mailing address (if different): PO BOX 413029, NAPLES, FL 34101-3029
4. Date of incorporation/qualification: 07/16/1963 Document number: 705904

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)

KEVIN D COOPER

350 7TH STREET NORTH

NAPLES, FL 34102

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

LINDA M. ROEBACK, ESQ.

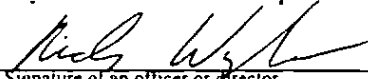
350 7TH ST. NORTH

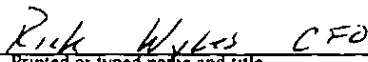
P.O. Box NOT acceptable

NAPLES, FL 34102

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.

  
Signature of an officer or director

 CFO  
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.*

  
Signature of Registered Agent

1/28/2019

Date

If signing on behalf of an entity:

  
Typed or Printed Name

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

FILED  
2019 FEB - 1 PM 2:44  
TALLAHASSEE, FL