

705904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

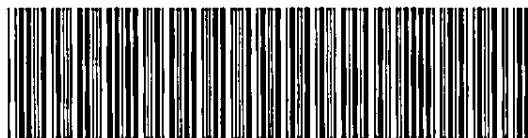
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2020 DEC -8 PM 1:14

FILED

12/18/20

12/11/20

on



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2020

BETH MARTIN  
350 7TH STREET NORTH  
NAPLES, FL 34102

SUBJECT: NAPLES COMMUNITY HOSPITAL, INC.  
Ref. Number: 705904

We have received your document and check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 720A00023187

## 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:

Beth Martin

Name of Contact Person

NCH Healthcare System, Inc.

Firm/Company

350 7th Street North

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:

Beth Martin

Name of Contact Person

at (239) 624-4015

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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
4. Date of incorporation/qualification: 05/02/53 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)

Kelly Daly350 7th Street NorthNaples, FL 34102

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

Matthew Heinle350 7th Street NorthP.O. Box NOT acceptableNaples, FL 34102

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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.

DocuSigned by:  
Phillip C. Dutcher Phillip C. Dutcher Phillip C. Dutcher, COO  
Signature of an officer or director 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.

DocuSigned by:  
M. J. H. K. Matthew Heinle 9/30/2020  
Signature of Registered Agent Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed 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)