715198



ACCOUNT NO. : 072100000032

REFERENCE :

282937

7132640

AUTHORIZATION

COST LIMIT : \$ 35.00

800004717378--8

ORDER DATE: December 10, 2001

ORDER TIME :

2:31 PM

ORDER NO. : 282937-005

CUSTOMER NO:

7132640

CUSTOMER: Mr. Dale S. Webber

Buchanan Ingersoll, P.c. Suntrust Financial Center 401 E. Jackson Street, #2500

Tampa, FL 33602

CHANGE OF AGENT

NAME:

GOOD SAMARITAN HOSPITAL,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

C. Coulliette DEC 1 0 2001

CONTACT PERSON: Mimi Stephens THEXT#

SNITTH HOUSE THE TOTAL STATE TO 01 DEC 10 by 3:12

BECEINED

- 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 the undersigned corporation organized under the laws of the State ofFlor	
submits the following statement in order to change its registered office or regi	
the State of Florida.	,
1. The name of the corporation: Good Samaritan Hospital, Inc.	
2. The mailing address of the corporation: 1401 Forum Way, Suite 101	· · ·
West Palm Beach, Florida 3340	01
3. Date of incorporation/qualification: 8/29/68 Document num	iber: 71519 25 00 25
4. The name and address of the current registered agent and office:	ber: 7151982 S ZO DEC
Valerie G. Larcombe, Esquire	- INY SSE
777 S. Flagler Drive, Suite 900E	PM F.F.C.
West Palm Beach, FL 33401	တို့
5. The name and address of the new registered agent (if changed) and/or register	red office Frehanged):
(P. O. Box Not Acceptable)	
Dale S. Webber, Esquire	
401 E. Jackson Street, Suite 2500	
Tampa, FL 33602	<u></u>
The street address of its registered office and the street address of the busines agent, as changed, will be identical.	_
Such change was authorized by resolution duly adopted by its board of direct authorized by the board.	ors or by an officer so
(Signature of an officer chairman or vice chairman of the board)	(Date)
Chair person (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for a corporation, I hereby accept the appointment as registered agent and agree a I further agree to comply with the provisions of all statutes relative to the properformance of my duties, and I am familiar with and accept the obligation of registered agent.	the above stated to act in this capacity. oper and complete of my position as
Signature of Registered Agent) (Date)	14/01
(Signature of Registered Agent) (Date)	,
If signing on behalf of an entity:	
(Typed or Printed Name) (Capa	city)
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314