

720565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

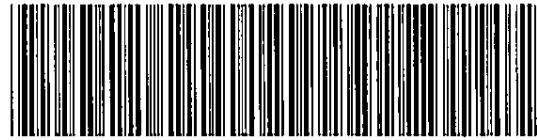
(Business Entity Name)

(Document Number)

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ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Memorial Circle Medical Center Assosication, Inc.
Name of Corporation

DOCUMENT NUMBER: 720565

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:

Darlana Wolf

Name of Contact Person

Metrohealth of Ormond Beach

Firm/Company

500 Memorial Circle Suite C

Address

Ormond Beach, FL 32174

City/State and Zip Code

darlana.wolf@mhgeriatrics.com

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

For further information concerning this matter, please call:

Darlana Wolf

Name of Contact Person

at (386) 615-3500

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

* Filing Fee already paid *



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2017

DARLANA WOLF
MEMORIAL CIRCLE MEDICAL CENTER
500 MEMORIAL CIRCLE - STE. C
ORMOND BEACH, FL 32174

SUBJECT: MEMORIAL CIRCLE MEDICAL CENTER ASSOCIATION, INC.
Ref. Number: 720565

We have received your document for MEMORIAL CIRCLE MEDICAL CENTER ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The current name of the entity is as referenced above. Please correct your document accordingly.

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 817A00023252

**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: Memorial Circle Medical Center Association, Inc.
2. The principal office address: 500 Memorial Circle Suite C
Ormond Beach, FL 32174
3. The mailing address (if different): 555 Granada Blvd Suite D-2
Ormond Beach, FL 32174
4. Date of incorporation/qualification: 03/22/1971 Document number: 720565
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)

Hensgen, Kelly DR

555 Granada Blvd Suite D-2

Ormond Beach, FL 32174

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

Dr. Stephen Quaning

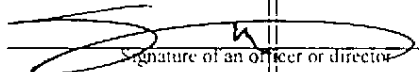
500 Memorial Circle Suite C

P.O. Box NOT acceptable

Ormond Beach, FL 32174

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.

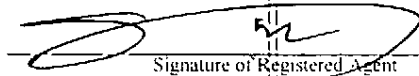


Signature of an officer or director

Stephen J Quaning MD- President

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

12-06-2017

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 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA