

	ACCOUNT NO. : 072100000032
	REFERENCE : 282937 7,132640
	AUTHORIZATION : Taluette 7 SSE 5
	COST LIMIT : \$ 35.00
ORDER DATE :	December 10, 2001
ORDER TIME :	2:31 PM
ORDER NO. :	282937-010
CUSTOMER NO:	7132640
OT DEC TO PM 3-1 PANTALLA POPENTAL SIGNIFICATION STATE SIGNIFICATION STATE LAHASSYLE FLOORING	Ol E. Jackson Street, #2500 Impa, FL 33602 CHANGE OF AGENT
OT STATE OF TAKEN	_
H S S	ST. MARY'S HOSPITAL, INC.
지조선 NAME:	ST. MARY'S HOSPITAL, INC.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State submits the following statement in order to change its registered	
the State of Florida.	
1. The name of the corporation: St. Mary's Hospital, Inc	
2. The mailing address of the corporation: 1401 Forum Way, S	Guite 101, West Palm Beach,
Florida 33401	
3. Date of incorporation/qualification: 9/28/73 Do	ocument number: 727579
4. The name and address of the current registered agent and office	CREE
Valerie G. Larcombe, Esquire	
777 S. Flagler Drive, Suite 9001	
West Palm Beach, FL 33401	LOR S
5. The name and address of the new registered agent (if changed) (P. O. Box Not Acceptable)	
Dale S. Webber, Esquire	
401 E. Jackson Street, Suite 25	00
Tampa, FL 33602	
The street address of its registered office and the street address cagent, as changed, will be identical.	of the business office of its registered
Such change was authorized by resolution duly adopted by its be authorized by the board.	oard of directors or by an officer so
	11/28/01 (Date)
(Signature of an officer, chairman or vice chairman of the board)	(Date)
(Printed or typed name and title)	<del></del>
Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered agen I further agree to comply with the provisions of all statutes relaperformance of my duties, and I am familiar with and accept the registered agent.	nt and agree to act in this capacity. tive to the proper and complete e obligation of my position as
Signature of Registered Agent)	12/4/01 (Date)
(Signature of Registered Agent)  If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	(Capacity)

CR2E045(9/00)