

759011

Requester's Name

Shands Jacksonville
655 West Eighth Street
Jacksonville, Florida 32209

400003458494--2
-11/09/00--01045--008
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
00 NOV -9 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

T. LEWIS NOV 20 2000

Examiner's Initials

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is Shands Jacksonville Medical Center, Inc.
2. The mailing address of the corporation is

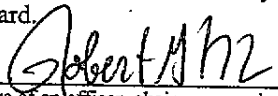
655 West 8th Street
Jacksonville, Florida 32209
3. Date of incorporation/qualification: 06/30/1981 Document number: 759011
4. The name and address of the current registered agent and office:

Smith, Hulsey & Busey
225 Water Street, Suite 1800
Jacksonville, FL 32202
5. The name and address of the new registered agent and office (P.O. Box Not Acceptable)

Charles Caniff, Jr.
655 West 8th Street
Jacksonville, FL 32209

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.



Signature of an officer, chairman, or vice chairman of the board

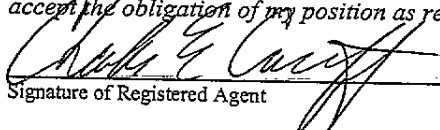
11/3/00

Date

Robert G. Norton - President

Printed or typed name and title

Having been named as registered agent and to accept service of process for the above stated corporation, 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.



Signature of Registered Agent

10/31/00

Date

If signing on behalf of an entity:

Charles E. Caniff

Typed or printed name

Secretary

Capacity

FILING FEE: \$35.00

FILED
00 NOV -9 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA