## 742438

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
		•	
PICK-UP	☐ WAIT	MAIL	
/P.	siness Entity Nan		
נוס)	Siliess Entity Nan	ne,	
(Do	cument Number)		
Certified Copies	rtified Copies Certificates of Status		
Special Instructions to	Filina Officer:		
	- · · · · · · · · · · · · · · · · · · ·	İ	
		i	
		ľ	

Office Use Only



100086429841

01/30/07--01007--003 \*\*35.00

DIVISERSE TAR SO PH 2: 20

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: ST. LUKE'S HOSPITAL ASSOCIATION (Name of Corporation)
DOCUMENT NUMBER: 762438
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:
Ellen Lord Legal Assistant (Name of Contact Person)
Mayo Clinic Jacksonville (Firm/Company)
4500 San Pablo Road (Address)
Jacksonville, FL 32224 (City/State and Zip Code)
For further information concerning this matter, please call:
Ellen Lord (Name of Contact Person)  at (904) 953-2383  (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

## 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	
1. The name of the corporation: St. Luke's Hospital Association	_
2. The principal office address: 4201 Belfort Road,	-
Jacksonville, FL 32216	-
3. The mailing address (if different):	<u>.</u>
4. Date of incorporation/qualification: 3111 1985 Document number: 762438	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Joanne L. Martin	
4500 San Paldo Road	
Jacksonville, FL 32224	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ŝ
clo Mayo Clinic Jacksonville Road  (P.O. Box NOT acceptable)	TATENS
Jacksonville, FL 3222	
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.	
Robert F. Brigham P.  (Signature of an officer or director)  (Printed or typed name and title)	residen
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this locument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.	
Signature of Registered Agent)	
f signing on behalf of an entity:	
Stephen P. Nelson, Esq.	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*