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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

REGISTERED AGENT CHANGE MARTIN MEMORIAL HEALTH SYSTEMS, INC.

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

Such change was authorized by resolution duly adopted by its board of directors or by an efficer so authorized by the board, or the corporation has been notified in writing of the change.    Consider the appointment as registered agent and write 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 dulies, and I am familiar with and accept the obligation of my postition as registered agent. Or, if this document is being filled merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.    C T Corporation System   O9/06/2019	statement of chi	provisions of sections 607,0502, 617.0 ange is submitted for a corporation org er to change its registered office or reg	ganized under the laws of the State o	f FL
3. The mailing address (if different): PO BOX 9010 STUART. FL 34995  4. Date of incorporation/qualification: 01/14/1983 Document number: 766554  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)  Office of General Counsel  200 HOSPITAL AVE  STUART, FL 34994  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  CT Corporation System  clo CT Corporation System, 1200 South Pine Island Road  P.O. Bus NOT acceptable  Plantation, Florida 33324  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 efficer so authorized by the board, or the corporation has been notified in writing of the change.  Such change was authorized by resolution duly adopted by its board of directors or by an efficer so authorized by the board, or the corporation has been notified in writing of the change.  I hereally accept the appointment as registered agent and agree to do it in this capacity.  I harden agree to comply with the provisions of all stratutes relative to the proper and proper and proper and agree to comply with the provisions of all stratutes relative to the proper and provided agent and uccept the obligation of my addition and agree to comply with the provisions of all stratutes relative to the proper and provided agent and uccept the obligation of my postulor as registered agent and uccept the obligation of my postulor as registered agent and uccept the obligation of my postulor as registered agent and uccept the obligation of the change.  CT Corporation System.  Oglobel 2019  Sighame of Registered Rem.  Oglobel 2019  Bate  15 signing on behalf of an entity:  Ames M. Halpin  Assistant Secretary.	1. The name of	the corporation: MARTIN MEMORIAL	HEALTH SYSTEMS, INC.	
4. Date of incorporation/qualification:  0://4/1983   Document number: 766554  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)  Office of General Counsel  200 HOSPITAL AVE  STUART, FI. 34994  6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  CT Corporation System  c/o CT Corporation System, 1200 South Pine Island Road  P.O. Bus NOT asseptible  Plantation, Florida 33324  The street address of its registered office and the street address of the business office of interestering agent, as changed will be identical.  Such changed will be identical.  Such changed will be identical by resolution duly adopted by its board of directors or by an efficiency of authorized by the board, or the corporation has been notified in writing of the change.  Change was authorized by resolution for the corporation has been notified in writing of the change.  Change to comply with the provisions of all stratutes relative to the proper and complete performance of my duties, and I am familian with and directly the obligation of my position as registered agent. Or if his document is being filed emergly to reflect a change in the registered agent. Or if his document is being filed emergly to reflect a change in the registered agent. Or if his document is being filed emergly to reflect a change in the registered agent. Or if his document is being filed emergly to reflect a change in the registered agent. Or if his document is being filed emergly to reflect a change in the registered agent. Or if his document is being filed emergly to reflect a change in the registered agent. Or if his document is being filed emergly to reflect a change in the registered agent. Or if his document is being filed emergly to reflect a change in the registered agent. Or if his document is being filed emergly to reflect a change in the scapacity of the change.  CT Corporation System	2. The principal	l office address: 200 HOSPITAL AVE S	TUART, FL 34994	
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Office of General Counset  200 HOSPITAL AVE  STUART, FL 34994  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  CT Corporation System  c/o CT Corporation System, 1200 South Pine Island Road  P.O. Box NOT acceptable  Plantation, Florida 33324  The street address of its registered office and the street address of the business office of iteregistered 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.  Such change was authorized by resolution duly adopted in writing of the change.  Such change wis 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.  Such acceptable of the appointment as registered agent, and where to act in this capacity.  I further agree to comply with the properties of all stratutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my postition as registered agent. Or first document its being filed merely to reflect a change in the registered affice address. I hereby confirm that the corporation has been notified in writing of this change.  CT Corporation System  Oglo6/2019  Separate of Regarded Mail  Oglo6/2019  Separate of Regarded Mail  Oglo6/2019  Assistant Secretary.				
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STUART, FL 34994  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  C T Corporation System  c/o C T Corporation System, 1200 South Pine Island Road  P.O. Box. NOT acceptable  Plantation, Florida 33324  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 efficer so authorized by the board, or the corporation has been notified in writing of the change.  Syntage of an other or director  I heraby account the appointment as registered agent and agree to act in this capacity. I further agree to comply with the previsions of all stratues relative to the proper and complete performance of my dulines, and I am fumiliar 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 componation has been notified in writing of this change.  C T Corporation System  By:  O9/06/2019  If signing on behalf of an entity.  James M. Halpin  Assistant Secretary.		Office of General Counsel		
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\* \* \* 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)