

767171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

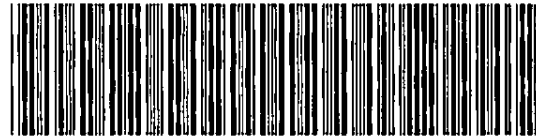
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900302556339

08/17/17--01026--021 **35.00

2017 AUG 17 AM 9:18
RECEIVED
STATE OF TEXAS
SECRETARY OF STATE

AUG 23 2017
CLERK



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

2017 AUG 17 AM 9:18

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 15, 2017

Order#: 760090/071

Re: ST. VINCENT'S AMBULATORY CARE, INC.

Enclosed please find:

- XX Change of Registered Agent and Office.
- XX Check in the amount of \$35.

Please take the following action:

- XX File in your office on a routine basis.
- XX Issue Proof of Filing.
- XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: ST. VINCENT'S AMBULATORY CARE, INC.
2. The principal office address: 1 Shircliff Way, Suite 1114 Jacksonville, FL 32204
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/24/1983 Document number: 767171
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)

Cross Street Corporate Services, LLC
200 South Orange Avenue
Sarasota FL 34236

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

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301

P.O. Box NOT acceptable

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.

Jill E. Cilmi
Signature of an officer or director

Jill Cilmi, Vice 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.

Corporation Service Company
By: C. M. Leaf
Signature of Registered Agent

08/14/2017
Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President
Typed or Printed Name

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

2017 AUG 17 AM 9:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA