

767827

Requestor's Name	
Address	
City/State/Zip	Phone #

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 #)

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 97 AUG 29 AM 7:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

300002281083--9
 -08/29/97--01070--008
 *****35.00 *****35.00

Examiner's Initials	<i>[Signature]</i> 9/9
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FILING FEE: \$35.00

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: North Shore Medical Center Foundation, Inc.

2. The mailing address of the corporation is: 1175 N. E. 125th Street, Suite #417
North Miami, FL 33161

3. Date of incorporation/qualification: April 6, 1983 Document number: 767827

4. The name and address of the current registered agent and office:

Sandra R. Giblin
1100 N.W. 95th Street, 4th Floor
Miami, FL 33161

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Sandra R. Giblin
1175 N. E. 125th Street, Suite #417
North Miami, FL 33161

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TALLAHASSEE, FLORIDA

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]
(Signature of an officer, chairman or vice chairman of the board)

8/24/97
(Date)

Maxine A. Thurston, Ph.D., Secretary
(Printed or typed name and title)

(Date)

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.

Sandra R. Giblin
(Signature of Registered Agent)

8/25/97
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)