

770109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

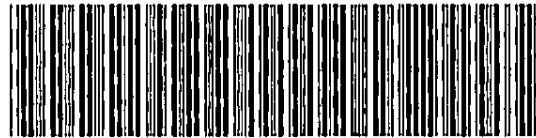
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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2020

BETH MARTIN
350 7TH STREET NORTH
NAPLES, FL 34102

SUBJECT: MARCO ISLAND HOSPITAL, INC.
Ref. Number: 770109

We have received your document and check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 820A00023189

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marco Island Hospital, Inc.
Name of Corporation

DOCUMENT NUMBER: 770109

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:

Beth Martin

Name of Contact Person

NCH Healthcare System, Inc.

Firm/Company

350 7th Street North

Address

Naples, FL 34102

City/State and Zip Code

beth.martin@nchmd.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Martin

at (239) 624-4015
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Marco Island Hospital, Inc.
2. The principal office address: 40 Heathwood Drive
Marco Island, FL 34101
3. The mailing address (if different): PO Box 413029, Naples, FL 34101
4. Date of incorporation/qualification: 09/02/83 Document number: 770109
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)

Kelly Daly350 7th Street NorthNaples, FL 34102

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

Matthew Heinle350 7th Street NorthP.O. Box NOT acceptableNaples, FL 34102

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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.

Phillip C. Dutcher

Signature of an officer or director

Phillip C. Dutcher

Phillip C. Dutcher, COO

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.

Matthew Heinle

ATE1032834084JB

Signature of Registered Agent

9/30/2020

Date

If signing on behalf of an entity:

 Typed or Printed Name

*** 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 (04/13)