Requester's Name		• • •	
Shands Jacksonville 655 West Eighth Street	_ ==		
Jacksonville, Florida 32209		70000345849 -11/09/00010 *****35.00 **	
		Office Use Only	
RPORATION NAME(S) & DOCU	JMENT NUMBER(S), (if	known):	
(Corporation Name)	(Document #)		_ = sing
	······································	ALLIN	
(Corporation Name)	(Document #)	1ARY U MASSEE	
(Corporation Name)	(Document #)	FSTATE FLORID	
(Corporation Name)	(Document #)		,
Walk in Pick up time	-	Certified Copy	
Mail out Will wait	Photocopy	Certificate of Status	
EW FILINGS	AMENDMENTS	· · · · · · · · · · · · · · · · · · · ·	 _ "
~ · · ·			
Profit Not for Profit	Amendment Resignation of R.A	A., Officer/Director	
Profit	<u> </u>	red Agent	
Profit Not for Profit Limited Liability Domestication	Resignation of R.A. Change of Register Dissolution/Withdu	red Agent rawal	-

÷ .

≰. ₹,≢

~

.

•

٠

-

## 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.

 ${}^{\circ}$ 

1. The name of the corporation is Methodist Health System, Inc.

2. The mailing address of the corporation is

655 West 8<sup>th</sup> Street Jacksonville, Florida 32209

3. Date of incorporation/qualification: 11/03/1983 Document number: 771078

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

Smith, Hulsey & Busey 225 Water Street, Suite 1800 Jacksonville, FL 32202

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

Charles Caniff, Jr. 655 West 8<sup>th</sup> Street Jacksonville, FL 32209

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.  $\frown$ 

Signature of an officer, chairman, or vice chairman of the board

Robert G. Norton - President Printed or typed name and title

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.

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

Signature of Registered A

If signing on behalf of an entity:

Charles E. Caniff Typed or printed name

Secretary Capacity

.

DIVISION OF CORPORATIONS

P.O. BOX 6327 TALLAHASSEE, FL 32314