## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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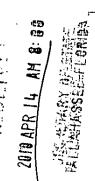
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Fax Number : (850)878-5368

\*\*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 HOSPITAL DESIGNERS, INC.

Certificate of Status	Δ.
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Stylany

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

statement of ch	ange is submitted for a corporat	?, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of or registered agent, or both, in the State of I	Missouri
	the corporation: Hospital Designs		rioriaa.
		TR RD. ST LOUIS MO 63141 US	<del></del>
3. The mailing	address (if different):		
4. Date of incom	poration/qualification: 3/	19/1974 Document number:	832022
	d street address of the current reportment of State; (11 resigned, enti-	gistered agent and registered office on file w or resigned)	ith the
	NRAI SERVICES, INC.		<del>_</del>
	2731 EXECUTIVE PARK DR.,	STE 4	_
	WESTON FL 33331		<u> </u>
6. The name an (if changed):		tered agent (if changed) and /or registered of	fice
	C T Corporation System		<del>.</del>
	c/o C T Corporation System, 12		
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		<del></del>
The street address changed will	ess of its registered office and (	the street address of the business office of	ts registered agent,
Such change was authorized by	as authorized by resolution du the board, or the corporation ha	ly adopted by its board of directors or by a s been notified in writing of the change.	n officer so
111	ica to fordren	Jessica L. Gardner, Se	ecretary
I hereby alcep I further agree of my duties, a document is be corporation ho	ine as as assert of greeces  I the appointment as registered to comply with the provisions ind I am familiar with and acce thing filed merely to reflect a chi- as been notified in writing of the	d agent and agree to act in this capacity, of all statutes relative to the proper and copit the obligation of my position as register ange in the registered affice address, I here is change.	mplete performance ed agent. Or, if this by confirm that the
	Corporation System	4/12/10	
	ignature of Regutered Agent	Date	
lf signing on b	chalf of an entity:		
Katherine Lac	key, Asst. Secretary		
	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 (8/05)