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## (((H180003164133)))



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	Account Number : FCA00000023	E. 9
	Phone : (614)280-3338	
	Fax Number : (954)208-0845	<b> </b>
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November 5, 2018

## FLORIDA DEPARTMENT OF STATE

THE MASSACHUSETTS GENERAL HOSPITAL INC. 55 FRUIT STREET BOSTON, MA 02114US

SUBJECT: THE MASSACHUSETTS GENERAL HOSPITAL INC. REF: F0300000431

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE SEPERATE WORDS WITH A SPACE AND RESUBMIT.

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.

FAX Aud. #: H18000316413 Susan Tallent Letter Number: 018A00022743 Regulatory Specialist II

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

1. The name of the corporation: The Massachusetts General Hospital Inc.

2. The principal office address:	<u>-</u>
55 Fruit Street Boston, MA 02114	
3. The mailing address (if different):	
55 Fruit Street Boston, MA 02114	

4. Date of incorporation/qualification: 01/23/2003 Document number: F03000000431

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)

Cogency Global Inc. H15 North Calhoun St., Suite 4 Tallahassee, FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): C T Corporation System 1200 South Pine Island Road

P.O. Box\_NOT acceptable

Plantation, Florida 33324

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.

A KREW 179 Signature of an officer or director

Michele Holden, Secretary

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.

T Corporation System Selance edistered Agent renature of.

10/26/2018

Date

If signing on behalf of an entity:

Patricia Belanger, Asst Sect

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 (03/12)