

Division of Corporations

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**F9900000/881**

**Florida Department of State  
Division of Corporations  
Public Access System**

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DIVISION OF CORPORATIONS

**REGISTERED AGENT CHANGE**

**PROVINCE HEALTHCARE COMPANY**

Certificate of Status	0
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## 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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Province Healthcare Company
2. The principal office address: 105 Westwood Place, Suite 400, Brentwood, Tennessee 37027
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/09/1999 Document number: F99000001881

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.  
2731 Executive Park Drive  
Weston, Florida 33331

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

CT Corporation System  
c/o CT Corporation System  
(P.O. Box or personal mailbox NOT acceptable)  
1200 South Pine Island Road, 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.

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

Mary Kim F. Shiao, Asst. 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.

By: CT Corporation System

By:

Mary R. Adams  
(Signature of Registered Agent)

7/12/05  
(Date)

If signing on behalf of an entity:

MARY R. ADAMS

ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314