608369

(Requestor's Name)				
(Address)				
641				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(D)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463322/080

Re: WELLINGTON REGIONAL MEDICAL CENTER, INCORPORATED

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	orovisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or registe.	zed under the la	ws of the State of FL		
1. The name of t	he corporation: WELLINGTON REGIONA	AL MEDICAL CI	ENTER, INCORPORATED		
2. The principal	office address: 10101 Forest Hill Bouleva	ırd, West Palm I	Beach, FL 33414		
3. The mailing a	ddress (if different): 367 S Gulph Road, H	King of Prussia,	PA 19406-0958		
4. Date of incorp	poration/qualification: 11/16/1982	Document	number: G08369		
	street address of the current registered ag tment of State: (If resigned, enter resigned		ed office on file with the		
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation	FL	33324		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company		30		
	1201 Hays Street		TES D		
	P.O. Box NOT a	ECCEPTABLE FL	32301A 5		
The street addre	ss of its registered office and the street a be identical.	ddress of the bu	isiness office of its registered agent,		
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of o	lirectors or by an officer so of the change.		
	E agni	Jill Cilmi Vice F			
I hereby accept I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered agent and comply with the provisions of all statumy duties, and I am familiar with and action of all statumy duties, and I am familiar with and action of the comporation has been notified in Service Company	l agree to act in tes relative to th cept the obligat ct a change in t	ne proper and complete ion of my position as registered he registered office address, I		
•	2-Knby nature of Registered Agent	01/26/2017			
	half of an entity:		Date		
	Asst. Vice President				
	pped or Printed Name				

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