

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000268621 3)))



H110002686213ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : ADVENTIST HEALTH SYSTEM  
Account Number : I200500000005  
Phone : (407) 975-1410  
Fax Number : (407) 975-1414

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Sarah.Sneath@ahss.org

RECEIVED

11 DEC 16 AM 8:54

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
MANAGEMENT AFFILIATES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

12-16-11  
12-16-11  
12-16-11

Electronic Filing Menu

Corporate Filing Menu

Help

**H11000268621 3**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MANAGEMENT AFFILIATES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** H12129

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Sneath  
Name of Contact Person

Adventist Health System  
Firm/Company

900 Hope Way  
Address

Altamonte Springs, FL 32714  
City/State and Zip Code

sarah.sneath@ahss.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Sneath at ( 407 ) 975-1494  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**H11000268621 3**

**H11000268621 3****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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MANAGEMENT AFFILIATES, INC.
2. The principal office address: New Address: 900 Hope Way, Altamonte Springs, FL 32714
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/13/1984 Document number: H12129

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)

Jeff Bromme111 N. Orlando AvenueWinter Park, FL 32789

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

Jeff Bromme900 Hope WayP.O. Box NOT acceptableAltamonte Springs, FL 32714

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 or directorAriel De Prada, Assistant SecretaryPrinted 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.*

Signature of Registered AgentDate

If signing on behalf of an entity:

Typed or Printed Name**H11000268621 3**

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

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