

Division of Corporations

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**Florida Department of State
Division of Corporations
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**LLC REGISTERED AGENT CHANGE
FHSC REAL PROPERTY HOLDING COMPANY, LLC**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: FHSC REAL PROPERTY HOLDING COMPANY, LLC
2. (a) TAMPA GENERAL HOSPITAL
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606
- (b) PO BOX 1289
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
ATTN: CONTROLLER
TAMPA, FL 33601
3. 07/15/2014
Date of filing/registration in Florida
4. L14000112166
Document number

5. (a) Florida Health Sciences Center Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
TAMPA GENERAL HOSPITAL
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

- (b) CF REGISTERED AGENT, INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

100 S. ASHLEY DR., SUITE 400

TAMPA, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Judith M. Poszek
Signature of a member or authorized representative of a member

JUDITH M. POSZEK
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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