

N 000000004779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

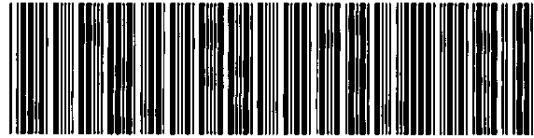
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FILED
09 MAY -8 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten: 5/15/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Children's Diagnostic and Treatment Center, Inc.
Name of Corporation

DOCUMENT NUMBER: N00000004779

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:

Kimberly R. Shapiro

Name of Contact Person

North Broward Hospital District

Firm/Company

303 SE 17th Street

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly R. Shapiro

Name of Contact Person

at (

954

)

355-5105

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

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

1. The name of the corporation: Children's Diagnostic & Treatment Center, Inc.
2. The principal office address: 303 SE 17th Street
Fort Lauderdale, FL 33316
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/29/2001 Document number: N00000004779
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)

Troy Kishbaugh
303 SE 17th Street
Fort Lauderdale, FL 33316


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

Kimberly R. Shapiro
303 SE 17th Street
Fort Lauderdale, FL 33316

P.O. Box NOT acceptable

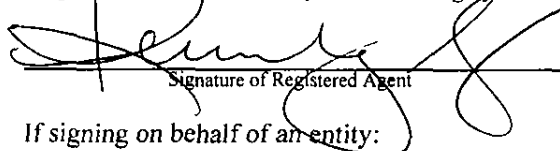
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 director

Dawn P Javersack
Senior VP/CFO

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 Agent

May 1 2009
Date

If signing on behalf of an entity:

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

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TALLAHASSEE, FLORIDA