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	RECIPENT:	WEST PALM BEACH State FL ZIP 33401		

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CORPORATION NAME(S) & DOCUMENŢ NUMBER(S), (if known):

1			
(Corporation Name)	(Document #) 100003213081 5 -04/18/0001097001 *****770.00 *****35.00		
2(Corporation Name)	(Document #)		
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NEW FILINGS	AMENDMENTS HAR R FILE		
 Profit Not for Profit Limited Liability Domestication Other 	AMENDMENTS Amendment Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
OTHER FILINGS	REGISTRATION/QUALIFICATION		
 Annual Report Fictitious Name 	 Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials 		

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, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation is: Good Samaritan Health Systems, Inc.
- 2. The mailing address of the corporation is: 1309 N. Flagler Drive, West Palm Beach, FL 33401, US
- 3. Date of incorporation/qualification: 12/22/1983

Document number: N00538

4. The name and address of the current registered agent and office:

> Valerie Larcombe 1309 No. Flagler Drive West Palm Beach, FL 33401

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

> Valerie G. Larcombe, Esq. Akerman Senterfitt Phillips Point - East Tower 777 South Flagler Drive, Suite 900 West Palm Beach, FL 33401-6125

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.

Steven Nathan, President and CEO

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Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

If signing on behalf of an entity: Valerie G. Larcombe, Secretary

FILING FEE: \$35.00

Division of Corporation

P.O. Box 6327

Tallahassee, FL 32314

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