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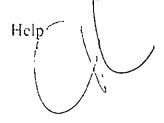
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## REGISTERED AGENT CHANGE FLAGLER HEALTH CARE FOUNDATION, INC.

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

statement of cha	provisions of sections 607,0502, 61",0502, 60" 1508, or 61" 1508. Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida in the change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Flagler Health Care Foundation, Inc.
	office address: 400 Health Park Blvd, St. Augustine, FL 32086
	m s. A
	address (if different):
4. Date of incorp	poration/qualification: 04/17/1984 Document number: N02596
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Jill Berry
	100 Whetstone Place Suite 203
	St. Augustine, FL 32086  St. Augustine, FL 32086  LL AH
6. The game and (if changed):	I shoot address of the new registered agent (it changed) and for registered office
	Thomas William Young
	3007 SW Williston Rd, Ste 1120
	Gainesville, FL 32608
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical
Such change wa	ns anthorized by resolution duly adopted by its board of directors or by an officer so be pland, or the emporation has high notified in writing of the change.
au Agn athr	Car Han De Vigo of Meeter Co Meeter Car Han De Vigo of his
Thereby occept I further agree to of my duties, an document is bet corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comply a performance of I am familiar with and occept the obligation of my position as registered agent. Or, if this my filed merely to reflect a change in the registered affice address. Thereby confirm that the sheen notified in writing of this change.
(\u)	mature of Registered Agent Date 23
	half of an entity:
Thomas William	Young
7	yped of 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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