

N064156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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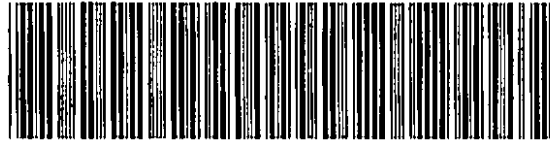
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Cape Canaveral Hospital, Inc.

Name of Corporation

DOCUMENT NUMBER: N06456

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:

Kim Nowakowski

Name of Contact Person

Health First, Inc.

Firm/Company

6450 US Highway 1

Address

Rockledge, FL 32955

City/State and Zip Code

kimberly.nowakowski@health-first.org

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

For further information concerning this matter, please call:

Kim Nowakowski

Name of Contact Person

321 434-4378

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 17 2006 PM 4:11


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: Cape Canaveral Hospital, Inc.
2. The principal office address: 701 W. Cocoa Beach Causeway, Cocoa Beach, FL 32931
3. The mailing address (if different): Attn: Hospital Administration, P.O. Box 320069
Cocoa Beach, FL 32932-0069
4. Date of incorporation/qualification: 12/04/1984 Document number: N06456
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)
David E. Mathias, resigned
6450 US Highway 1
Rockledge, FL 32955
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Nicholas W. Romanello, Esq.
6450 US Highway 1
P.O. Box NOT acceptable
Rockledge, FL 32955

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

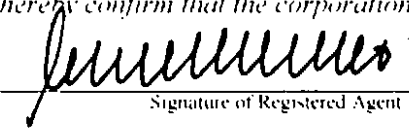
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Joseph G. Felkner, EVP/CFO

Printed 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 Agent

July 3, 2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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