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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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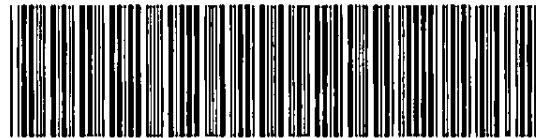
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 29 2020

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pasco-Pinellas Hillsborough Community Health System, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** NO7000001137

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:

Marlene Durand  
Name of Contact Person

Adventhealth  
Firm/Company

900 Hope Way  
Address

Altamonte Springs, FL 32714  
City/State and Zip Code

marlene.durand@adventhealth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlene Durand at (407) 776-5378  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Pasco-Pinellas Hillsborough Community Health System, Inc.
2. The principal office address: 2600 Bruce B. Downs Blvd.  
Wesley Chapel FL 33544
3. The mailing address (if different): 14055 Riveredge Drive, Ste 250, Tampa FL 33637
4. Date of incorporation/qualification: 02/01/2007 Document number: NO7000001137
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)

Laurie Teppert (Resigned 12-31-2019)  
14055 Riveredge Dr. Suite 250  
Tampa FL 33637

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

Margaret Marchak  
14055 Riveredge Dr. - Suite 250  
Tampa FL 33637

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

Lynn Addiscott  
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

4-29-20  
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

CR2E045 (04/13)