

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : ADVENTIST HEALTH SYSTEM
 Account Number : I20050000005
 Phone : (407) 357-2333
 Fax Number : (407) 357-2717

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: marlene.durand@AdventHealth.com

REGISTERED AGENT CHANGE

FLORIDA HOSPITAL FLAGLER MEDICAL OFFICES ASSOCIATION

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APR 03 2019

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STATE OF FLORIDA
 TALLAHASSEE, FL

19 APR -2 AM 9:33
 TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Hospital Flagler Medical Offices Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N07000010764

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
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: Florida Hospital Flagler Medical Offices Association, Inc.

2. The principal office address: 60 Memorial Medical Parkway, Palm Coast, FL 32164

3. The mailing address (if different): (same)

4. Date of incorporation/qualification: 08/31/2009 Document number: N07000010764

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)

Kenneth R. Mattison

401 Palmetto Street

New Smyrna Beach, FL 32168

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

Jeff Bromme

900 Hope Way

P.O. Box NOT acceptable

Altamonte Springs, FL 32714

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

Cory Domayer, Director

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

3/29/19
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
CR2B045 (03/12)

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