

N10 00000 1048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

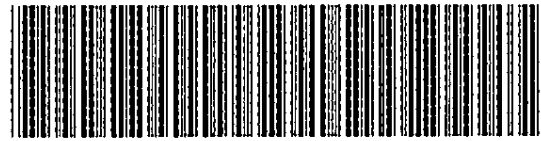
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100355871601

12/11/20--01012--039 ++35.00

3 11 11 PM '20

*R. H. Albritton*

JAN 26 2021

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADVENTHEALTH FAMILY MEDICINE RURAL HEALTH CLINICS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N10000001048

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  
corp.legal@adventhealth.com

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

For further information concerning this matter, please call:

Marlene Durand, Legal Services 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: ADVENTHEALTH FAMILY MEDICINE RURAL HEALTH CLINICS, INC.

2. The principal office address: 900 Hope Way Altamonte Springs, FL 32714

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: February 1, 2010 Document number: \_\_\_\_\_

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)

Tamara L. Trimble  
900 Hope Way  
Altamonte Springs, FL 32714

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

Jeffrey S. Bromme  
900 Hope Way  
Altamonte Springs, FL 32714

P.O. Box NOT acceptable

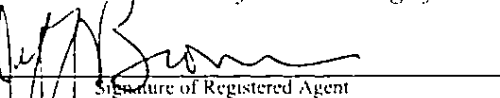
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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, Assistant Secretary  
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

11/5/20  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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