

11/0000008307

Sarah R. Ford
214 SE Pine Dr.
Lake City, FL 32025-6090

(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



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11 DEC -7 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7212-711



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2011

SARAH R. FORD
214 SE PINE DR
LAKE CITY, FL 32025-6890

SUBJECT: LAKE CITY MEDICAL CENTER AUXILIARY, INC.
Ref. Number: N11000008308

We have received your document for LAKE CITY MEDICAL CENTER AUXILIARY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 811A00026152

RECEIVED

11 DEC -7 AM 9:13

REGISTRATION SECTION
TALLAHASSEE, FLORIDA

**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: Lake City Medical Center Auxiliary, Inc.
2. The principal office address: 340 NW Commerce Drive, Lake City, FL 32055
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/01/2011 Document number: N11000008308
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)

Business Filings Incorporated

515 E. Park Avenue

Tallahassee, FL 32301

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

Judith Carr

340 NW Commerce Drive

P.O. Box NOT acceptable

Lake City, FL 32055

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TALLAHASSEE, FLORIDA

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.

Conti E. Bickford
Signature of an officer or director

Conti E. Bickford Vice President
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.*

Judith Carr
Signature of Registered Agent

11/10/11
Date

If signing on behalf of an entity:

Judith Carr
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 (8/05)