

N13760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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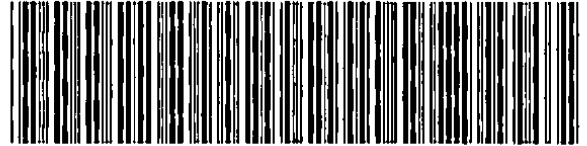
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI
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Lakeland Regional Health™

1324 LAKELAND HILLS BL
LAKELAND, FL 33805

PO BOX 95448
LAKELAND, FL 33804-544

863.687.1100 • myLRH.org

VIA UPS DELIVERY

June 24, 2019

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Change of Registered Agent

Dear Sir/Madam:

Please find enclosed Statements of Change of Registered Office or Registered Agent forms for the following corporations:

1. Lakeland Regional Medical Center, Inc.;
2. Lakeland Regional Health Systems, Inc.;
3. Lakeland Regional Medical Center Foundation, Inc.; and
4. Lakeland Regional Medical Center Home Health Care, Inc.

Also enclosed are check numbers 1086776, 10886777, 1086778, and 1086779 in the amount of \$35.00 each, representing payment for the associated filing fees. Should you have any questions or need anything further, please do not hesitate to contact me.

Thank you,

Jonn D. Hoppe
EVP/General Counsel/Chief Legal Officer
Lakeland Regional Health

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakeland Regional Medical Center, Inc.

Name of Corporation

DOCUMENT NUMBER: N13760

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:

Jon D. Hoppe

Name of Contact Person

Lakeland Regional Medical Center, Inc.

Firm/Company

1324 Lakeland Hills Boulevard

Address

Lakeland, Florida 33805

City/State and Zip Code

Jon.Hoppe@myLRH.org ✓

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

For further information concerning this matter, please call:

Jon Hoppe

Name of Contact Person

at (863) 687-1079

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: Lakeland Regional Medical Center, Inc.
2. The principal office address: 1324 Lakeland Hills Boulevard, Lakeland, Florida 33801

3. The mailing address (if different): Post Office Box 95448, Lakeland, Florida 33804

4. Date of incorporation/qualification: 03/10/1986 Document number: N13760

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)

Evan C. Jones

1324 Lakeland Hills Boulevard

Lakeland, Florida 33805

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

Jon D. Hoppe

1324 Lakeland Hills Boulevard

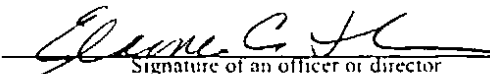
P.O. Box NOT acceptable

Lakeland, Florida 33805

FILED
2019 JUN 25 AM 11:22
STATE OF FLORIDA
SECRETARY OF STATE

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

Elaine C. Thompson, PhD, CEO

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

6/4/19
Date

If signing on behalf of an entity:

Typed or Printed Name