

5/22/2019

2019 05 22 15:00:25 CST

05144554862 From James Tanks III

Division of Corporations

N14650

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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TALLAHASSEE, FL

2019 MAY 23 AM 9:45

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REGISTERED AGENT CHANGE INDIAN RIVER HEALTH SERVICES CORPORATION

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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05/24/19

Dr

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: INDIAN RIVER HEALTH SERVICES CORPORATION
2. The principal office address: 1000 36TH STREET VERO BEACH, FL 32960
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/29/1986 Document number: N14650
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)

KAREN DAVIS

1000 36TH STREET VERO BEACH, FL 32960

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324


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


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.

C T Corporation System
By: 
Signature of Registered Agent

5/20/2019

Date

Donna Peterson-Riggs Assistant Secretary
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 (03/12)

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