

N15157

LAW OFFICES

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CONSUMER BANKRUPTCY LAW  
BUSINESS BANKRUPTCY LAW  
AMERICAN BANKRUPTCY BOARD OF CERTIFICATION

June 25, 1998

State of Florida  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 33314

900002575089--5  
-06/29/98-01105-010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

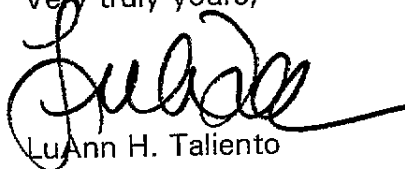
Re: Everglades Memorial Hospital, Inc.

Dear Sir or Madam:

Enclosed please find the original Resignation of Registered Agent and Statement of Change of Registered Office or Registered Agent or both for Corporations, together with two checks in the amount of \$35.00 and \$87.50 which represents the fee for filing same. Also enclosed please find a copy of each of the documents to be stamped and returned to the undersigned in the enclosed, self-addressed envelope.

If you have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

  
LuAnn H. Taliento  
Paralegal

LHT/al  
Encls.

cc: Donald Anderson, CEO

FILED  
JUN 29 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 10 1998

**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, 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1a. The name of the corporation is: **EVERGLADES MEMORIAL HOSPITAL, INC.**

1b. The mailing address of the corporation is:

54 NE Fourth Avenue  
Delray Beach, FL 33483

1c. Date of Incorporation: May 29, 1986  
Document Number: N15157

2. The name and address of the current registered agent and office:

Joel T. Strawn  
54 NE Fourth Avenue  
Delray Beach, FL 33483

3. The name and address of the new registered agent and office (P.O. Box Not Acceptable):

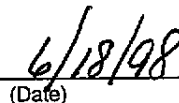
Donald A. Anderson  
200 South Barfield Highway  
Pahokee, FL 33476

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

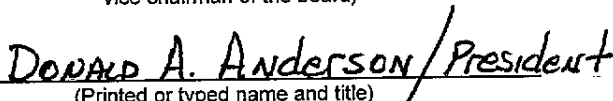
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.



(Signature of an officer, chairman, or  
vice chairman of the board)



(Date)



(Printed or typed name and title)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation, 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.



(Signature of Registered Agent)



(Date)

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June 3, 1998