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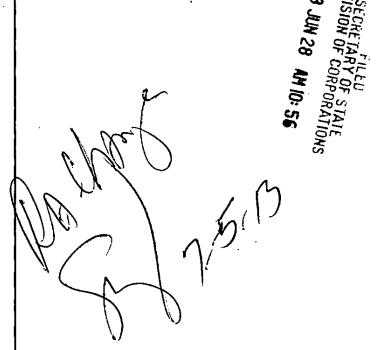
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Shands at Lake Shore, Inc.

Name of Corporation

DOCUMENT NUMBER:

N15790

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:

Vivian M. Gallo

Name of Contact Person

**Shands Legal Services** 

Firm/Company

720 SW 2nd Avenue, Suite 360A

Address

Gainesville, FL 32601

City/State and Zip Code

gallvm@shands.ufl.edu

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

For further information concerning this matter, please call:

Vivian M. Gallo

<sub>at</sub> 352

733-0030

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

13

| I. The name of th                                                                        | e corporation: Shands at Lake Shore, Inc.                                                                                                                                                                                                                                                                                                                                                                  |               |                            |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| 2. The principal o                                                                       | ffice address: 368 Franklin Street, Lake City, FL 32055                                                                                                                                                                                                                                                                                                                                                    |               | <u> </u>                   |
| 3. The mailing ad                                                                        | dress (if different): 720 SW 2nd Avenue, Suite 360A, Gainesville, I                                                                                                                                                                                                                                                                                                                                        | FL 326        | 501                        |
| 4. Date of incorpo                                                                       | oration/qualification: July 10, 1986 Document number: N15790                                                                                                                                                                                                                                                                                                                                               |               |                            |
|                                                                                          | street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)                                                                                                                                                                                                                                                                         |               | <u>g</u>                   |
|                                                                                          | Andrei Boyarshinov                                                                                                                                                                                                                                                                                                                                                                                         | ಪ             | V SE                       |
| 720 SW 2nd Avenue, Suite 360A                                                            |                                                                                                                                                                                                                                                                                                                                                                                                            | JUN 28        | CRET                       |
| (                                                                                        | Gainesville, FL 32601                                                                                                                                                                                                                                                                                                                                                                                      |               | ARY<br>CO                  |
| (if changed):                                                                            | street address of the new registered agent (if changed) and /or registered office                                                                                                                                                                                                                                                                                                                          | AN 10: 56     | U<br>OF STATE<br>RPORATION |
| -                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                            |               | ऊ                          |
| -                                                                                        | 720 SW 2nd Avenue, Suite 360A P.O. Box NOT acceptable                                                                                                                                                                                                                                                                                                                                                      |               |                            |
| (                                                                                        | Gainesville, FL 32601                                                                                                                                                                                                                                                                                                                                                                                      |               |                            |
| The street addres as changed will b                                                      | s of its registered office and the street address of the business office of its register to identical.                                                                                                                                                                                                                                                                                                     | ed agen       | i <b>,</b>                 |
|                                                                                          | authorized by resolution duly adopted by its board of directors or by an officer so board, of the corporation has been notified in writing of the change.                                                                                                                                                                                                                                                  | _             |                            |
| 15                                                                                       | KEVIN E. COLEMAN                                                                                                                                                                                                                                                                                                                                                                                           |               | Rector                     |
| ,                                                                                        | of an officer or director Printed or typed name and title                                                                                                                                                                                                                                                                                                                                                  | <del></del>   |                            |
| hereby accept the further agree to performance of nagent. Or, if this bereby confirm the | he appointment as registered agent and agree to act in this capacity.<br>comply with the provisions of all statutes relative to the proper and complete<br>ny duties, and I am familiar with and accept the obligation of my position as regis,<br>document is being filed merely to reflect a change in the registered office address<br>hat the corporation has been notified in writing of this change. | tered<br>s, I |                            |
| ici coy conjuni u                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                            |               |                            |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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