

N41822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

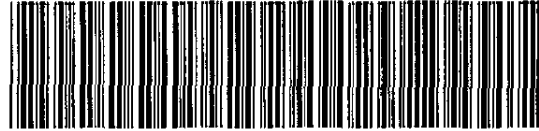
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/31/05--01051--001 \* \* \*

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05 OCT 31 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PO chg  
08/11/11

# SHANDS HealthCare

Legal Services

October 28, 2005

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Change of Registered Agent's Address

Dear Sir or Madam:

Enclosed please find seven Statements of Change of Registered Office for the following corporations:

- Shands at Lake Shore, Inc.
- ElderCare of Alachua County, Inc.
- Shands Teaching Hospital and Clinics, Inc.
- Greater Orlando Children's Miracle Network, Inc.
- Shands Auxiliary, Inc.
- C.T. Ayers Medical Plaza Condominium Association, Inc.
- Southeastern Healthcare Foundation, Inc.

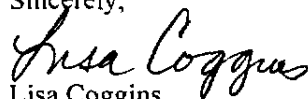
**Please note that there is one check in the amount of \$245.00 representing the filing fees for all seven corporations.**

Please return all correspondence concerning this matter to the following address:

Lisa V. Coggins  
Shands Legal Services  
720 SW 2<sup>nd</sup> Avenue, Suite 360A  
Gainesville, FL 32601

As our offices are moving effective November 7, 2005, please call (352) 265-8051 until November 5<sup>th</sup> if you have any questions. I can be reached at (352) 338-7188 beginning November 7<sup>th</sup>.

Sincerely,

  
Lisa Coggins  
Paralegal

**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, 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.*

1. The name of the corporation is ElderCare of Alachua County, Inc.
2. The principal office address is 4026 NW 22nd Drive, Gainesville, Florida 32608
3. Date of incorporation/qualification: 01/28/1991 Document number: N41822
4. The name and address of the current registered agent and office on file with the Florida Department of State:

Charles B. Koval  
1329 SW 16<sup>th</sup> Street, Suite 5256  
Gainesville, FL 32610

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

Charles B. Koval  
720 SW 2nd Avenue, Suite 360A  
Gainesville, FL 32601

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

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Susan Thompson  
Susan Thompson, Chairperson  
ElderCare of Alachua County, Inc

10/24/05  
Date

*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.*

Charles B. Koval  
Signature of Registered Agent

10/24/05  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Capacity

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