

N 41822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

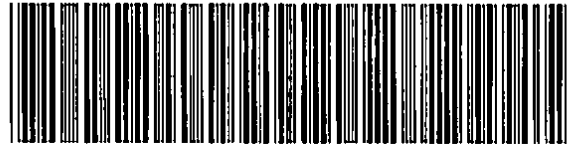
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300354794573

11/13/20--01016--012 **325.00

FILED
2020 NOV 13 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FL

12/18/20

a

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELDER CARE OF ALACHUA COUNTY, INC.
Name of Corporation

DOCUMENT NUMBER: N41822

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:

KARI A. VALENTINE
Name of Contact Person
UF HEALTH SHANDS LEGAL SERVICES
Firm/Company
201 S. E. 2ND AVENUE, SUITE 209
Address
GAINESVILLE, FL 32601
City/State and Zip Code

kaas0001@shands.ufl.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARI A. VALENTINE at (352) 627-9045
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: ELDER CARE OF ALACHUA COUNTY, INC.
2. The principal office address: 5701 N. W. 34TH BLVD., GAINESVILLE, FL 32653
3. The mailing address (if different): P. O. BOX 100303, GAINESVILLE, FL 32610
4. Date of incorporation/qualification: _____ Document number: _____
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)

BERNABE ICAZA

201 S. E. 2ND AVENUE, SUITE 209

GAINESVILLE, FL 32601

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

KARI A. VALENTINE

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FL

2020 NOV 13 PM 1:17

FILED

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

EDWARD JIMENEZ, CEO of Shands Teaching Hos

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

Date

If signing on behalf of an entity:

Edward Jimenez

Typed or Printed Name

EDWARD JIMENEZ, CEO
Shands Teaching Hospital and Clinics, Inc.

*** 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 (04/13)