N42700

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SECRETARY OF STATE
TALLAHASSEE, FL

Ja 09/14/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington . , De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: July 21, 2020

Order#: 345704/015

Re: BAPTIST HEALTH SOUTH FLORIDA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statute or attion organized under the laws of the State of $_{ extstyle{FL}}$. Fig. 18. The florida or Florida Rice or registered agent, or both, in the State of Florida or	
1. The name of t	he corporation: BAPTIST HI	EALTH SOUTH FLORIDA, INC.	
2. The principal	office address: 6855 RED R	ROAD SUITE 600, CORAL GABLES, FL 33143	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/25	5/1991 Document number: N42700	
	I street address of the curren tment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)	:
	FRIEDMAN, DAVID R		
	6855 RED ROAD STE 50	00	
	CORAL GABLES, FL 331	43 S	2020
6. The name and (if changed):	I street address of the new re	egistered agent (if changed) and /or registered offi	020 JUL 23 PM 12: 5
	Corporation Service Com	pany "Sc	n 🗝 🗜
	1201 Hays Street	ຸກຸ ອ້າງ ກ່ວ	27.57 27.57
	P.O. Box NOT acceptable Tallahassee FL 32301		ri N
The street address changed will	ess of its registered office a be identical.	nd the street address of the business office of its regi	istered agent,
Such change was authorized by the	as authorized by resolution ne board, or the corporation	duly adopted by its board of directors or by an office has been notified in writing of the change.	er so
χ	e & Comi	Jill Cilmi, Vice President	
Signar	re of an officer or director	Printed or typed name and title	
I further agree of my duties, ar document is bei corporation has	to comply with the provisio	red agent and agree to act in this capacity. Ins of all statutes relative to the proper and complete Eccept the obligation of my position as registered age, Change in the registered office address, I hereby cor This change.	performance nt. Or if this nfirm that the
By: Draza	T-Kuby nature of Registered Agent	07/20/2020	
	மைச of Registered Agent half of an entity:	Date	
	Asst. Vice President yped or Printed Name		

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