N43080

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COVER LETTER

	Amendment Section	
D	Division of Corporations	
	Heart of Florida Health Cantag	
	T: Heart of Florida Health Center Corporation	
	oorporation.	
DOCUM	IENT NUMBER: N43080	
The enclos	osed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.
Please reti	turn all correspondence concerning this matter to the	following:
Maria I. To	огтеs Martinez	
Name of C	Contact Person	
Heart of Fi	lorida Health Center	
Firm/Com	npany	
2553 E Silv	lver Springs Blvd.	
Address		
Ocala, FL	34470	
City/State	and Zip Code	
	maria.torres@myhfhc.org	
E-mail ad	ddress: (to be used for future annual report notif	ication)
	•	·
For further	er information concerning this matter, please call:	
Rebecca Alb	bino, Executive Assistant email- rebecca.albino@myhfhc.org at (352 877-7136
	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

Amendment Section Division of Corporations The Centre of Tallahassee

Area Code & Daytime Telephone Number

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, to anized under the laws of the State ofFlorida stered agent, or both, in the State of Florida.			
	he corporation: Heart of Florida Health	,			
	2. The principal office address: 2553 E. Silver Springs Blvd. Ocala, FL 34470				
3. The mailing ac	ddress (if different):				
4. Date of incorp	ooration/qualification: April 19, 1991	Document number: N43080			
5. The name and		agent and registered office on file with the			
	Jamie Ulmer - RESIGNED				
	2553 E. Silver Springs Blvd. Ocala, FL 3	4470			
6. The name and (if changed):	Maria I. Torres Matinez, Interim CEO				
	2553 E. Silver Springs Blvd. Ocala, FL				
	P.O. B	ox NOT acceptable			
·-		et address of the business office of its register ed by its board of directors or by an officer so notified in writing of the change.			
authorized by the	e board, or the corporation has been n	otified in writing of the change.			
Varia Signatura	e of an officer or director	Maria I. Torres Martinez Printed or typed name and title			
of my duties, and document is beir	the appointment as registered agent a o comply with the provisions of all sto d I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this chang	nutes retative to the proper and complete per pligation of my position as registered agent. The registered office address. I hereby confirm	formance Or, if this n that the		
Wavie V.	7	8/2/2022			
	nature of Registered Agent	Date			
If signing on bel	half of an entity:				
Maria I. Ty	Tomes Hartinez				

* * * 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)

State of Florida Department of State

I certify from the records of this office that HEART OF FLORIDA HEALTH CENTER, INC. is a corporation organized under the laws of the State of Florida, filed on April 19, 1991.

The document number of this corporation is N43080.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on January 31, 2022, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Second day of August, 2022



Secretary of State

Tracking Number: 5034422365CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

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