

N 48565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

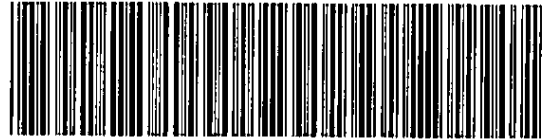
(Business Entity Name)

(Document Number)

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AUG 19 2021
1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Holmes County Hospital Corporation
Name of Corporation

DOCUMENT NUMBER: N48565

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:

JoAnn Baker

Name of Contact Person

Holmes County Hospital Corporation

Firm/Company

2600 Hospital Drive

Address

Bonifay, Florida 32425

City/State and Zip Code

joann@doctorsmemorial.org

ronald.jamison@doctorsmemorial.org

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

For further information concerning this matter, please call:

JoAnn Baker

Name of Contact Person

at (850) 547-8001

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



RECEIVED

2021 AUG 10 PM 1:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2021

JOANN BAKER
2600 HOSPITAL DRIVE
BONIFAY, FL 32425

SUBJECT: HOLMES COUNTY HOSPITAL CORPORATION
Ref. Number: N48565

We have received your document for HOLMES COUNTY HOSPITAL CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Aibritton
Regulatory Specialist II

Letter Number: 721A00017091

**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: Holmes County Hospital Corporation
2. The principal office address: 2600 Hospital Drive, Bonifay, Florida 32425
3. The mailing address (if different): P.O. Box 188
4. Date of incorporation/qualification: 04/27/1992 Document number: N48565
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)

Michele Madison, Inc.

2600 HOSPITAL DRIVE
BONIFAY, FL 32425

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

JoAnn Baker, Holmes County Hospital Corporation


2600 Hospital Drive

P.O. Box NOT acceptable

Bonifay, Florida 32425

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

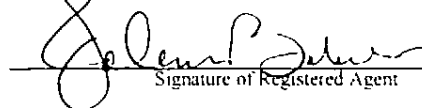
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Rohan Anderson, Chief Operations Officer

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

08/04/2021

Date

If signing on behalf of an entity:

JoAnn Baker

Typed or Printed Name

*** * * 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)

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