

N92000000900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

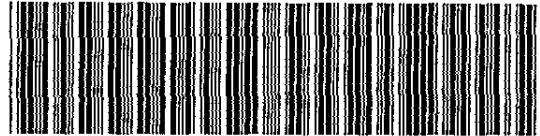
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chord

G. Coullotte MAR 28 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Immokalee Health Care Foundation, Inc
(Name of Corporation)

DOCUMENT NUMBER: N920000003900

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:

William Dillon

(Name of Contact Person)

McMorrow & Dillon, P.A.

(Firm/Company)

2920 Capital Medical Blvd

(Address)

Tallahassee, FL

32308

(City/State and Zip Code)

For further information concerning this matter, please call:

William Dillon

(Name of Contact Person)

at (850) 841-1741

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ~~Collier Health Services, Inc.~~ The Immokalee Health Care Foundation, INC.
2. The principal office address: 1454 West Madison Ave
Immokalee, FL 34142
3. The mailing address (if different): PO Box 873
Immokalee, FL 34143
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:

William Dillon
117 South Gadsden Street
Tallahassee, FL 32302

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

William Dillon
2920 Capital Medical Blvd
(P.O. Box NOT acceptable)
Tallahassee, FL 32308

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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.

Sharon B. Aragona, V.P. Sharon B. Aragona, V.P.
(Signature of an officer or director) (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.

William Dillon 3/8/06
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(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 (8/05)