

N93000002749



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(Business Entity Name)

(Document Number)

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**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : COMMUNITY HEALTH CHARITIES OF FLORIDA, I
2. The mailing address of the corporation : PO BOX 624 / 4351 NW 32ND PLACE
CHIEFLAND, FL 32644
3. Date of incorporation/qualification: 6/18/93 Document number: N9300000274
4. The name and address of the current registered agent and registered office:

DAVID C JOHNSON
PO BOX 55127 / 1113 45TH AVE NE
ST PETE, FL 33732

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

GWEN COOPER
PO BOX 624 / 4351 NW 32ND PLACE
CHIEFLAND, FL 32644

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.


(Signature of an officer, chairman or vice chairman of the board)

10-14-03
(Date)

ALFRED MASSIDAS, BOARD CHAIR
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.


(Signature of Registered Agent)

10-14-03
(Date)

If signing on behalf of an entity:

COMMUNITY HEALTH CHARITIES
(Typed or Printed Name)

PRESIDENT / CEO
(Capacity)

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