



N 93000002854



Kleist Health Education Center

College of Health Professions
Office of the Dean

February 15, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

100005023481--3
-02/27/02--01036--006
*****35.00 *****35.00

To Whom It May Concern:

Enclosed is our completed Statement of Change of Registered Office or Registered Agent form, along with our check number 459 in the amount of \$35.00.

As noted in item number one, the Health Education Center of Southwest Florida will be operating under the name of the Kleist Health Education Center. Since relocating to the Florida Gulf Coast University Campus in the summer of 2001, the Center has received a major gift that will be used to construct a new building on the FGCU campus to house the Health Education Center. In honor of this donation, the Center was renamed the Kleist Health Education Center.

If this needs to be reflected in our 501© 3 Tax Status Letter, please let us know and we will prepare the necessary documents.

Sincerely,

Kathryn Kleist
Board Chairman

Encl.

FILED
02 FEB 27 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kathryn Kleist GAVE
AUTHORIZATION BY PHONE TO
CORRECT *delete ref. to new name that*
DATE *1/5 not yet filed*
DOC. EXAM. *DS 3/1/02*
**Sent amend form for NE*

DS
2/1/02

**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 : Health Education Center of S.W. Florida, Inc.

2. The mailing address of the corporation : 9981 HealthPark Circle, Suite 153
Fort Myers, FL 33908

3. Date of incorporation/qualification: 07/28/93 Document number: N9300000284

4. The name and address of the current registered agent and office:

McCurdy, Robert C.
c/o Lee Memorial Health System
2776 Cleveland Avenue
Ft. Meyers, FL 33901

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Rokusek, Cecilia
c/o College of Health Professions, Florida Gulf Coast University
10501 FGCU Blvd. South
Ft. Myers, FL 33965-6565

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.

Kathryn A. Kleist
(Signature of an officer, chairman or vice chairman of the board)

2/15/02
(Date)

Kathryn A. Kleist, Chairman

(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.

Cecilia Rokusek
(Signature of Registered Agent)

2/15/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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