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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Cloveland Clinic Florido Health Care ventures	200026869022 -11/13/9801048020 *****35.00 *****35.00
Signature Signature	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Vehicle Search Driving Record
Requested by: Name Date Time	UCC 1 or 3 File UCC 11 Search UCC 11_Retrieval
Walk-In Will Pick Up	Courier

Courier_

"Florida Department of State, Sandra B. Mortham, Secretary of State

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

	provisions of sections 607.0502, 617.050 poration organized under the laws of the Si	2, 607.1508, or 617.1508, Florida Statutes, the tate of FLORIDA
	wing statement in order to change its reg	istered office or registered agent, or both, in the
1. The name of t	he corporation is: CLEVELAND CLINIC	FLORIDA HEALTH CARE VENTURES
A Nonprofi	T CORPORATION	
2. The mailing a	ddress of the corporation is: 2950 WES	T CYPRESS CREEK ROAD
	DERDALE, FLORIDA 33309	
3. Date of incorp4. The name and	poration/qualification: 1-13-94 I address of the current registered agent an	Document number: N9400000210 d office:
	A.G.C. Co.	
	2300 Sun Bank Center	
	Orlando, Florida 32801	
5. The name and	l address of the new registered agent and o	150 G
	Andrew Service Corporation	OF FLORIDA
	201 SOUTH BISCAYNE BLVD. M	ITAMI CENTER SUITE 2900 P
	MIAMI, FLORIDA 33131-4330	
		dress of the business office of its registered
Such change wa authorized by th	s authorized by resolution duly adopted by the board.	its board of directors or by an officer so
Donice	D. Hounton	lovember 9, 1998
(Signature of an off	eer, chairman or vice chairman of the board)	(Date)
<u>Dani</u>	EL J. HARRINGTON V	ICE PRESIDENT eand title)
Having been na I hereby accept comply with the and I am familia		vice of process for the above stated corporation, agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent.
Clandia	of Registered Agent)	11/ ₁₂ / 98 (Date)
If signing on be	chalf of an entity:	
ANDREW SER	VICE CORPORATION OF FLORIDA Printed Name)	ASSISTANT SECRETARY (Capacity)

CR2E045(1/95)

FILING FEE: \$35.00