

ACCOUNT NO.

: 072100000032

REFERENCE: 887829

7136675

AUTHORIZATION :

COST LIMIT :

\$ 35.00

ORDER DATE: November 6, 2000

ORDER TIME: 10:24 AM

ORDER NO. : 887829

CUSTOMER NO: 7136675

CUSTOMER: Haley A. Watkins, Legal Asst

Baptist/ St. Vincent's Health

CHANGE OF AGENT

Suite 902

1325 San Marco Boulevard Jacksonville, FL 32207

NAME:

BAPTIST MEDICAL CENTER OF

NASSAU, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

____ PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

100003452861--1

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

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

undersigned corporation organized under the laws of the State ofFLORIDA
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 is: Baptist Medical Center of Nassau, Inc.
2. The mailing address of the corporation is: 1325 San Marco Boulevard, Suite 902
Jacksonville, Florida 32207
3. Date of incorporation/qualification: 2/22/94 Document number: N9400000920 4. The name and address of the current registered agent and office:
Harvey Granger
1301 Riverplace Blvd., Suite 1700
Jacksonville, FL 32207
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Harvey Granger, General Counsel
1325 San Marco Boulevard, Suite 902
Jacksonville, Florida 32207
The street address of its registered office and the street address of the business office of 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.
10/27/06
(Signature of an officer, chairman or vice chairman of the board) (Date)
A. Hugh Greene, Vice Chairman and President
(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) (Date)
If signing on behalf of an entity:
Harvey Granger General Counsel
(Typed or Printed Name) (Capacity)

CR2E045(1/95)

FILING FEE: \$35.00