

N 9400000/104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



To Whom It May Concern:

Please process the enclosed filing(s). **Please return confirmation documents, if applicable, to:**

Sarah Sneath
Adventist Health System
900 Hope Way
Altamonte Springs, FL 32714

Tel: 407-357-2333
Email: sarah.sneath@ahss.org

Do not hesitate to contact me if you should have questions.

Many thanks for your assistance.

A handwritten signature in cursive script that reads "Sarah".

Sarah Sneath
Legal Department
Adventist Health System

Extending the Healing Ministry of Christ

111 North Orlando Avenue | Winter Park, Florida 32789-3675 | 407-647-4400

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

1. The name of the corporation: University Community Hospital Specialty Care, Inc.
2. The principal office address: 3100 E. Fletcher Avenue, Tampa, Florida 33613

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/4/1994 Document number: N94000001104

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Miceli-Mullen, Joline

3100 E. Fletcher Avenue

Tampa, FL 33613

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

Jeff Bromme

900 Hope Way

P.O. Box NOT acceptable

Altamonte Springs, FL 32714

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.

→ Mark Block
Signature of an officer or director

Mark Block, Assist. Sec.
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.

[Signature]
Signature of Registered Agent

12/28/11
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)