

N94000004772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

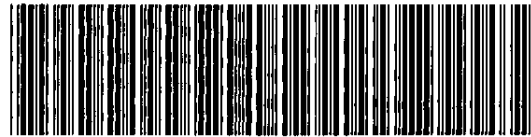
(Business Entity Name)

(Document Number)

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11 JUN 20 PM 4:12
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

TH 6-206



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2011

NICHOLE M. CARRAN
HALTH CARE DISTRICT OF PALM BEACH COUNTY
324 DATURA STREET, STE 401
WEST PALM BEACH, FL 33401

SUBJECT: GLADES HEALTHCARE FOUNDATION, INC.
Ref. Number: N94000004772

We have received your document for GLADES HEALTHCARE FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please correct #4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 311A00012775

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Glades Healthcare Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N94000004772

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nichole M. Carran
Name of Contact Person

Health Care District of Palm Beach County
Firm/Company

324 Datura Street, Suite 401
Address

West Palm Beach, FL 33401
City/State and Zip Code

ncarran@hcdpbc.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nichole Carran at (561) 802-5907
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Glades Healthcare Foundation, Inc.
2. The principal office address: 324 Datura Street, Suite 401, West Palm Beach, FL 33401
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/26/1994 Document number: N94000004772
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)

Nicholas Romanello
324 Datura Street, Suite 401
West Palm Beach, FL 33401

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

Nichole M. Carran

324 Datura Street, Suite 401

P.O. Box NOT acceptable

West Palm Beach, FL 33401

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

R. G. Wiewora, Jr.

Signature of an officer or director

Ron Wiewora, Chief Executive Officer

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.

Nichole Carran
Signature of Registered Agent

4/22/11
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)