

N 950000 1178

(Requestor's Name)

SEVHO

PO Box 600

New Smyrna Beach, FL 32170

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

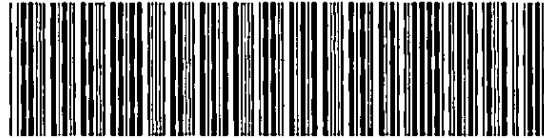
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: Bert Fish Medical Center, Inc.
2. The principal office address: 305 Magnolia Street
New Smyrna Beach, FL 32168
3. The mailing address (if different): PO Box 909
New Smyrna Beach, FL 32170
4. Date of incorporation/qualification: 03/13/1995 Document number: N95000001178
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)

CF Registered Agent, Inc.

100 S Ashley Drive, Suite 400

Tampa, FL 33602

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

Jeff Davidson

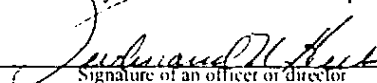
305 Magnolia Street

P.O. Box NOT acceptable

New Smyrna Beach, FL 32168

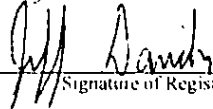
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Ferdinand N. Heeb, ST
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 of Registered Agent

10-9-17
Date

If signing on behalf of an entity:

Jeff Davidson
Typed or Printed Name

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

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