

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000122343 3)))



H110001223433ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE

MERRITT MEDICAL CENTER II CONDOMINIUM ASSOCIATION, I

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

11 MAY -2 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY -2 PM 2:28

PA  
Chang

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Merritt Medical Center II Condominium Association, Inc  
Name of Corporation

DOCUMENT NUMBER: N95000001378

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:

Timothy R. Parry  
Name of Contact Person

Rockledge HMA, LLC  
Firm/Company

5811 Pelican Bay Boulevard, Suite 500  
Address

Naples, FL 34109  
City/State and Zip Code

peggy.oneil@hma.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy R. Parry at ( 239 ) 552-3431  
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: Merritt Medical Center II Condominium Association, Inc.
2. The principal office address: 2400 N. Courtenay Parkway, Merritt Island, FL 32953
3. The mailing address (if different): 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
4. Date of incorporation/qualification: 3/21/95 Document number: N95000001378
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)

Emil Miller

110 Longwood Avenue

Rockledge, FL 32955

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

CT Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

Timothy R. Parry  
Signature of an officer or director

Timothy R. Parry, Director  
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.*

Madonna Cuddihy  
Signature of Registered Agent

5-2-2011  
Date

If signing on behalf of an entity:

Madonna Cuddihy

Special Assistant Secretary

\*\*\* 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)

2011 MAY -2 PM 2:28  
RECEIVED  
FALLS CHURCH, VIRGINIA